

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------------------------|----------------------------|------------------------------------|-----------------------------------|---------------------|------|
| Died at <i>Catonville</i> ^{Town} | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>Apr</i> | Day <i>30</i> | Age <i>32</i> Years | Months <i>Nov 6</i> | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Md</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>Barber</i> | | |
| Name of Wife or Husband <i>-</i> | | | | | |
| Father's Name <i>Jacob Adams</i> | | | Father's Birthplace <i>Md</i> | | |
| Mother's Maiden Name <i>Mary Uston</i> | | | Mother's Birthplace <i>Md</i> | | |
| Name of person giving information <i>Mary Uston</i> | | | How related to deceased <i>27</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>28 Months</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. S. M. Atfield</i> |
| | Address <i>Health Officer Catonville Md</i> |
| Accident or Suicide? | |

Dr B. Whitney?
last attending Physician

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------------|----------------------------|------------------------------------|------------------------------------------|-----------------|----------------|
| Died at <i>Gorsuch Mills</i> ^{Town} | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 1903 | Month <i>April</i> | Day <i>12</i> | Age <i>16</i> | Months <i>3</i> | Days <i>17</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Gorsuch Mills</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>None</i> | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Franklin T. Anthony</i> | | | Father's Birthplace <i>Dalto. Co</i> | | |
| Mother's Maiden Name <i>J. Victoria Slade</i> | | | Mother's Birthplace <i>Gorsuch Mills</i> | | |
| Name of person giving information <i>J. Victoria Anthony</i> | | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|------------------------|--------------------------------------------------|--------------------|
| Primary | <i>Aortic Stenosis</i> | How long | <i>Seven years</i> |
| Immediate | <i>Phthisis</i> | How long | <i>One year</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Erans M. Free M.D.</i> | |
| | | Address <i>Stewartstown York Co Pa</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Baird Franklin armacost

CERTIFICATE OF DEATH

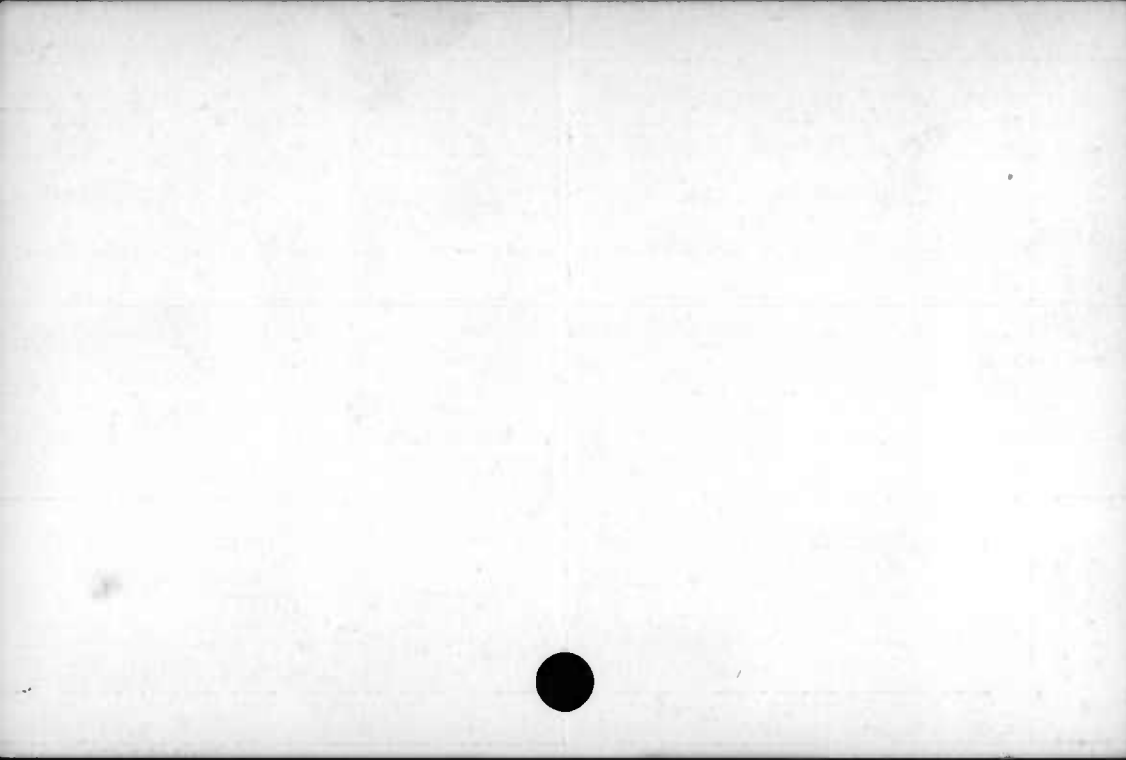
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------------|----------------|------------------------------------|---------------------------------------|----------------------------|----------------|
| Died at <u>Parkton</u> ^{Town} | | <u>Baltimore</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>4</u> | Day <u>5</u> | Age <u>—</u> Years | Months <u>4</u> | Days <u>12</u> |
| Sex <u>male</u> | | Color or Race <u>White</u> | | Birth-place <u>Parkton</u> | |
| Married, Single or Widowed <u>—</u> | | | Occupation <u>—</u> | | |
| Name of Wife or Husband | | | | | |
| Father's Name <u>Thomas M. armacost</u> | | | Father's Birthplace <u>md</u> | | |
| Mother's Maiden Name <u>Elera B. Miller</u> | | | Mother's Birthplace <u>—</u> | | |
| Name of person giving Information <u>Thos. M. armacost</u> | | | How related to deceased <u>father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|--------------------------|--------------------------------------------|----------------|
| Primary | <u>Lagrippe</u> | How long | <u>5 weeks</u> |
| Immediate | <u>Broncho Pneumonia</u> | How long | <u>2 weeks</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>R. B. Norris</u> | |
| | | Address <u>Parkton Md</u> | |
| Accident or Suicide? <u>—</u> | | | |



Name
in
Full

Ethel Marie Allen

CERTIFICATE OF DEATH

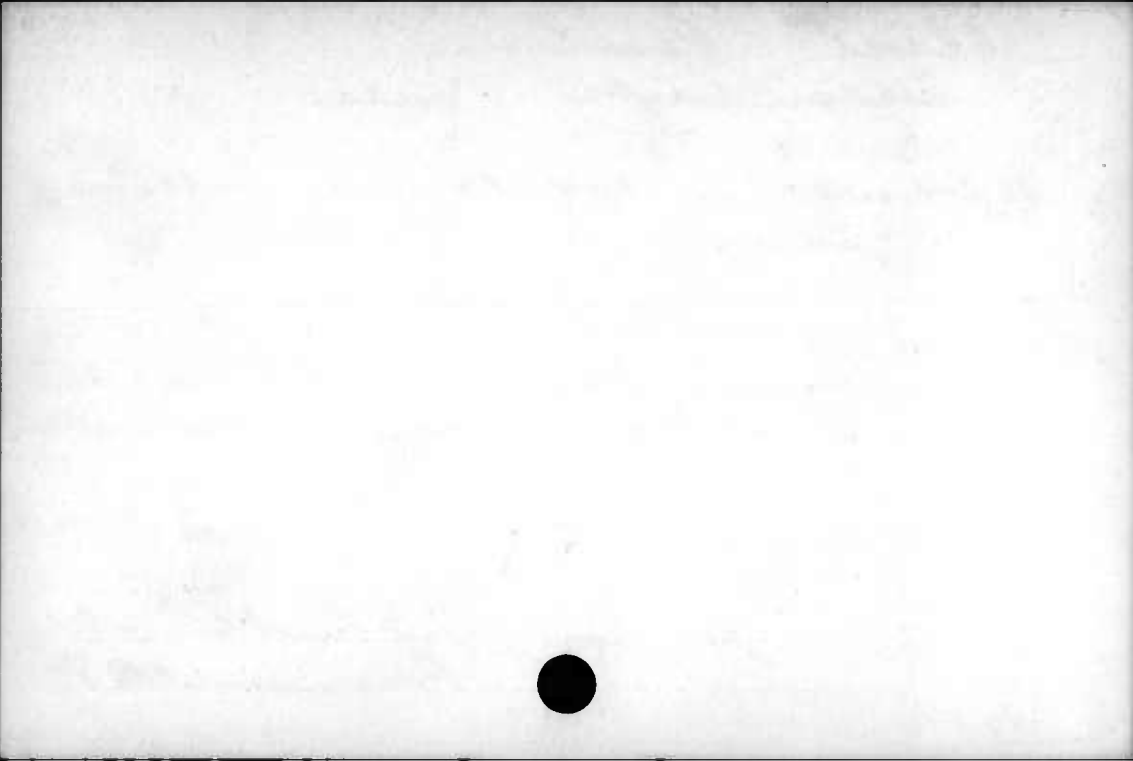
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------------------|----------------------------|--------------------------|------------------------------|---------------------------------------|-----------------|----------------|--|
| Died at <i>Highlandtown</i> | | Town <i>Highlandtown</i> | | County <i>Balto.</i> | | MARYLAND | |
| Date of death 1903 | Month <i>April</i> | Day <i>20</i> | Age | Years <i>1</i> | Months <i>4</i> | Days <i>16</i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland.</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>None</i> | | | | | |
| Name of Wife or Husband <i>—</i> | | | | | | | |
| Father's Name <i>Charles H. Allen</i> | | | | Father's Birthplace <i>Penna.</i> | | | |
| Mother's Maiden Name <i>Estella Ruth</i> | | | | Mother's Birthplace <i>Penna.</i> | | | |
| Name of person giving information <i>Chas. H. Allen</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|----------------------------------------------------------------------|---------------------------------|--------------------------------------------|----------|---------------------|
| Primary | <i>Suppurative Otitis Media</i> | <i>Sequelae</i> | How long | <i>3 weeks</i> |
| | | <i>Scarlatina</i> | | |
| Immediate | <i>Toxemia</i> | | How long | <i>about 3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>M. J. McAvoy</i> | | |
| <i>yes</i> | | Address <i>839 S. Capitol St.</i> | | |
| Accident or Suicide? | | <i>—</i> | | |



Name
in
Full

Alice Buster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|--|
| Died at <u>Solden, Beltsville</u> Town <u>Beltsville</u> County | | MARYLAND | |
| Date of death 190 <u>3</u> Month <u>4</u> Day <u>8</u> Age <u>2</u> Years Months <u>11</u> Days <u>7</u> | | | |
| Sex <u>Female</u> Color or Race <u>white</u> | Birth-place <u>Beltsville</u> | | |
| Married, Single or Widowed <u>single</u> | Occupation <u></u> | | |
| Name of Wife or Husband <u></u> | | | |
| Father's Name <u>Jimmie H. Buster</u> | | Father's Birthplace <u>Beltsville</u> | |
| Mother's Maiden Name <u>Fannie Young</u> | | Mother's Birthplace <u>" "</u> | |
| Name of person giving information <u>Louis Burkhardt</u> | | How related to deceased <u>Brother-in-law</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <u>Pneumonia</u> | How long <u>3 days</u> |
| Immediate <u>2 pneumonia</u> | How long <u></u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>L. S. Ball-Moore</u> |
| | Address <u>Harrodsburg, Ky</u> |
| Accident or Suicide? <u></u> | |



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

6

Age

1

1

6

Md

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John C. Baumann
Town Catonsville

County Balto

MARYLAND

Date

of death 190

3

Month

Apr

Day

14

Age

Years 77

Months 6

Days 10

Sex

Male

Color or
Race

White

Birth-
place

Germany

Married, Single
or Widowed

Occupation

Gardner

Name of Wife or
HusbandFather's
Name

Frederick Baumann

Father's
Birthplace

Germany

Mother's
Maiden NameMother's
Birthplace

Germany

Name of person giving
Information

Jacob Baumann

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cancer of Pylorus 40

How long

Six months

Immediate

Exhaustion

How long

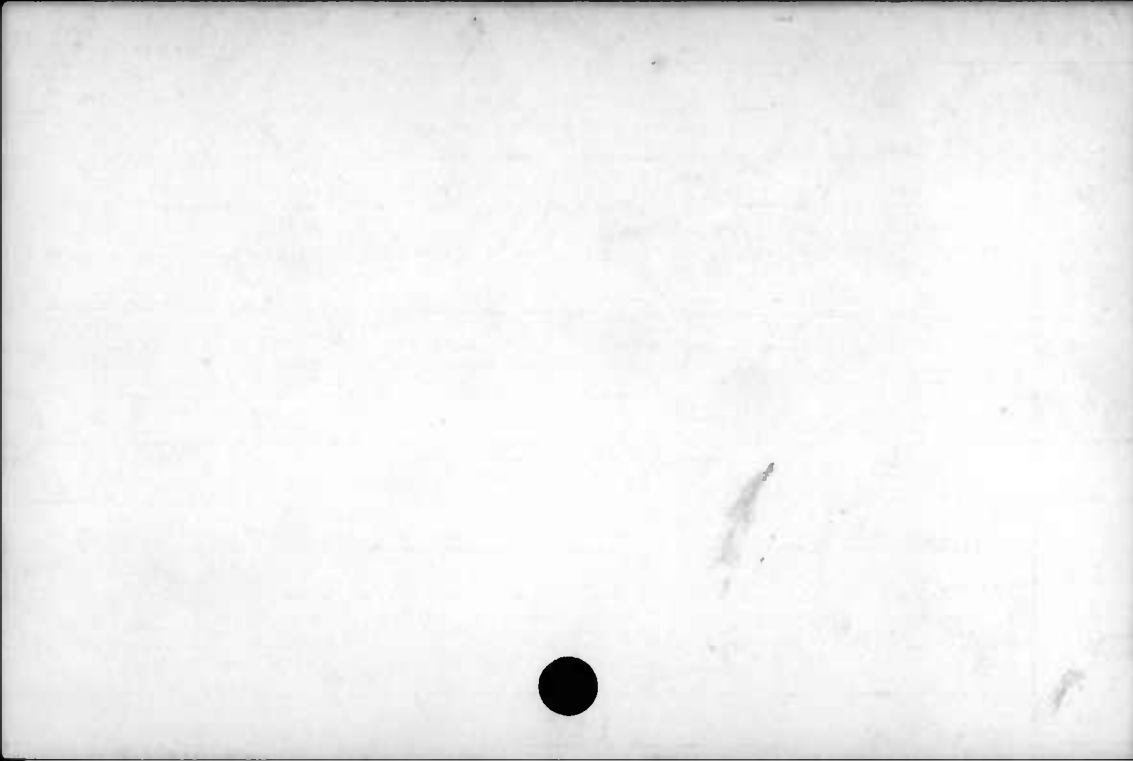
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Whiteley
Catonsville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Beck

CERTIFICATE OF DEATH

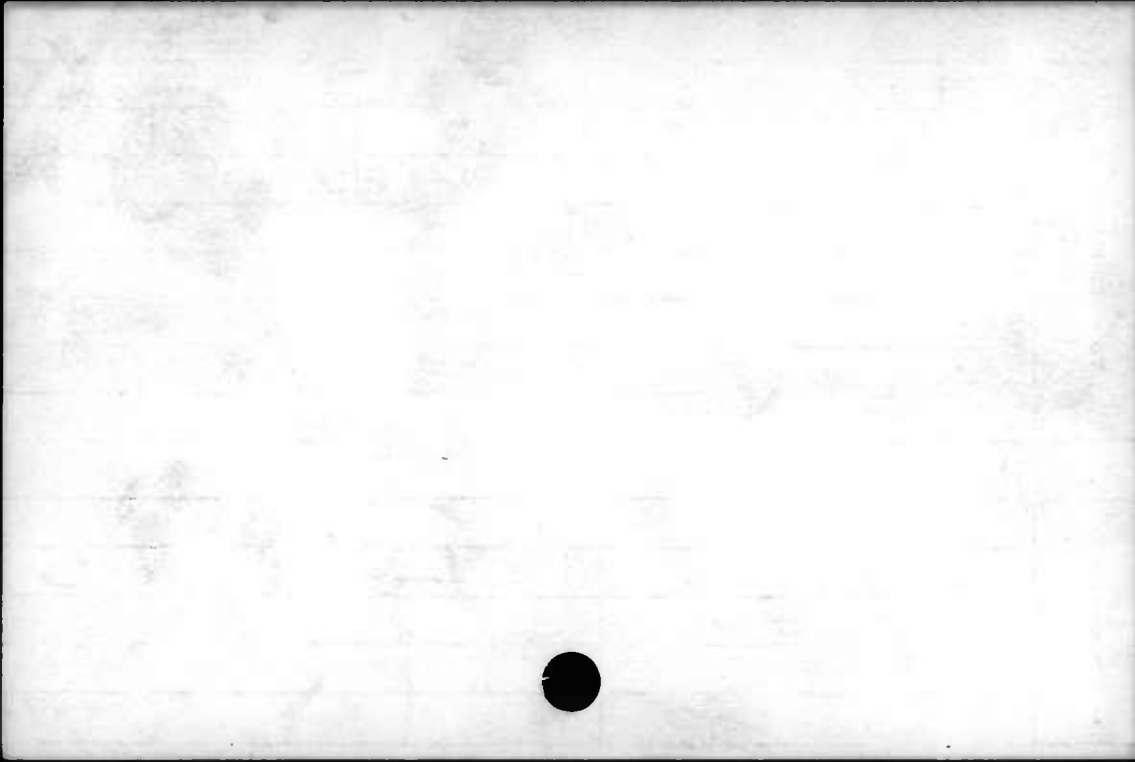
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|---------|---------------------|-------------------------|-------------------------|-------|----------------------------|------------|
| Died at | | Town North Point | | County Baltimore | | MARYLAND | |
| Date of death | 1908 | Month April | Day 29 th | Age 62 | Years | Months 3 | Days 10 |
| Sex | Female | | Color or Race | Coloured | | Birth- place | Va. |
| Married, Single or Widowed | Married | | | Occupation Housework | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving Information | | | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|-------------------------------------------------------------------------|---------------------|-----|-------------------------------------------|-----------|
| Primary | Carcinoma of Uterus | | How long | 18 months |
| Immediate | Exhaustion | | How long | 1 week |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | |
| | | | Address | |
| | | | W. R. Hodges M. D. Spanners Point, Md. | |
| Accident or Suicide? | | | | |



| | | | |
|---------------------------------------|---------------------------------------------------------------------------------|----------------------|-------------------------------------------------|
| Name in Full Edward Bennett | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at ^{Town} Highlandtown ^{County} Baltimore | | MARYLAND |
| | Date of death 1903 | Month April | Day 11 |
| | Age 3 | | Months 3 |
| | Sex Male | | Color or Race White |
| | Married, Single or Widowed Single | | Birth-place Highlandtown |
| | Occupation | | |
| | Name of Wife or Husband | | |
| PHYSICIAN OR CORONER | Father's Name Charles Bennett | | Father's Birthplace |
| | Mother's Maiden Name Mamie Taylor | | Mother's Birthplace Cecil Co |
| | Name of person giving information Annie Gressner | | How related to deceased Aunt |
| | CAUSES OF DEATH | | |
| PHYSICIAN OR CORONER | Primary Acute Bronchitis | | How long Four days |
| | Immediate Heart Failure | | How long |
| | Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician J. Robertson M.D. |
| | | | Address 438 Lombard St. Highlandtown |
| | Accident or Suicide? | | |

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Name
in
Full

CERTIFICATE OF DEATH

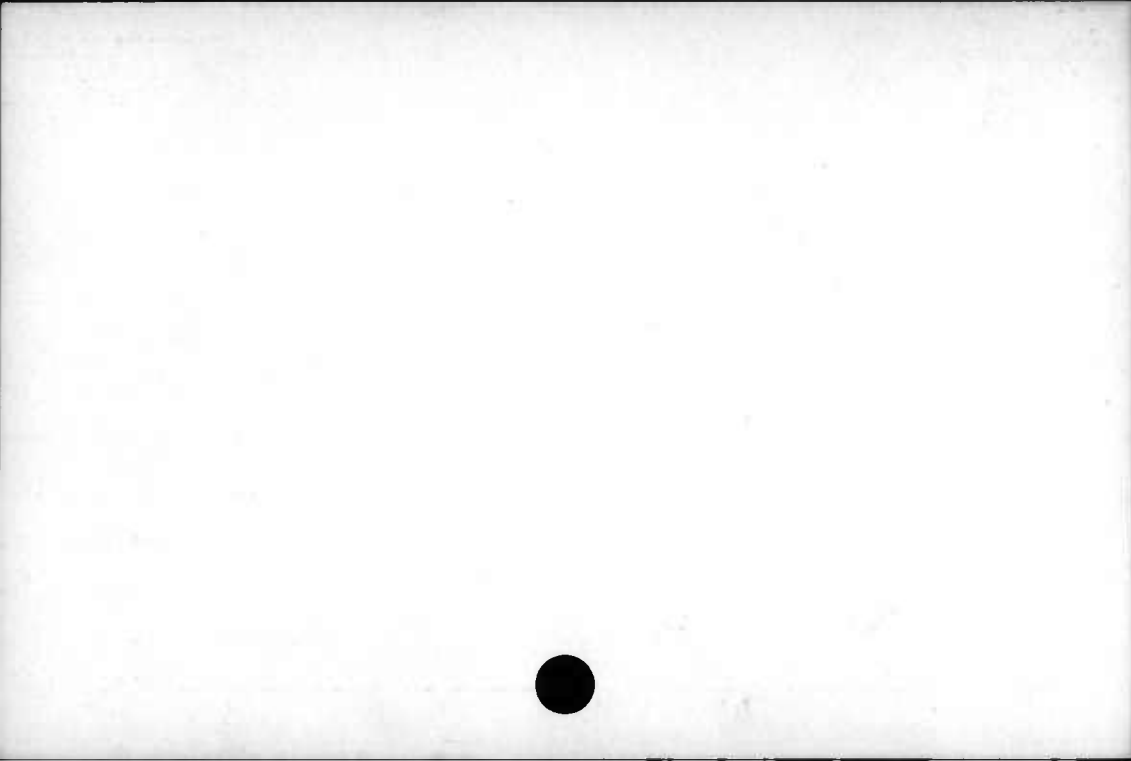
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-------------------------------------------------------------|--|----------------------------|--|---------------------------------------|--|--------------|--|
| Name <i>Catherine O Besore</i> | | Town <i>Reisterstown</i> | | County <i>Balto</i> | | MARYLAND | |
| Died at | | Date of death 190 <i>3</i> | | Month <i>April</i> | | Day <i>3</i> | |
| Age <i>68</i> | | Years | | Months | | Days | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Penna</i> | | | |
| Married, Single or Widowed <i>Widow</i> | | Occupation | | | | | |
| Name of Wife or Husband <i>Deceased</i> | | | | | | | |
| Father's Name <i>Dr John Besore</i> | | | | Father's Birthplace <i>Penna</i> | | | |
| Mother's Maiden Name <i>Rebecca DeFeas</i> | | | | Mother's Birthplace <i>Penna</i> | | | |
| Name of person giving information <i>Miss Julie Haughey</i> | | | | How related to deceased <i>Cousin</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|--|-----------------------------------------------|--|
| Primary <i>Chronic Nephritis</i> | | How long <i>Two Years</i> | |
| Immediate <i>Paralysis</i> | | How long <i>one week</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>James Gore M.D.</i> | |
| | | Address <i>Reisterstown</i> | |
| Accident or Suicide? _____ | | | |



Name
in
Full

Cornelius Blake

CERTIFICATE OF DEATH

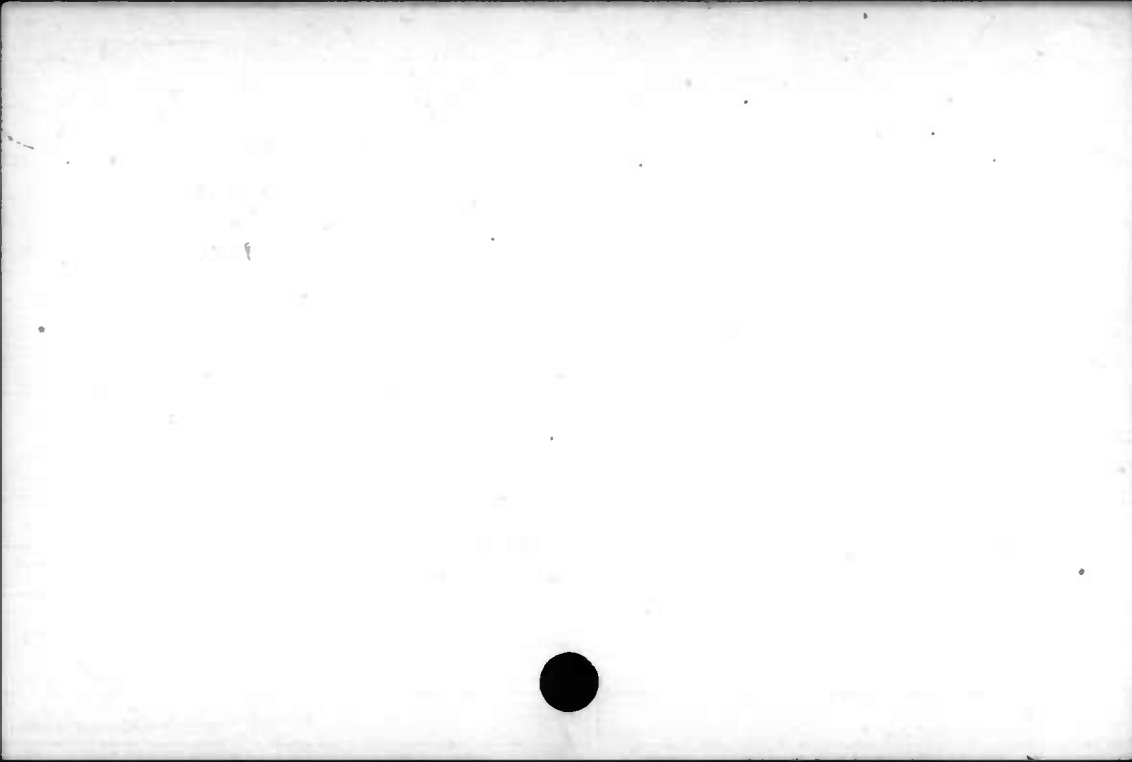
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------------------------|------------------------------------|-------------------------|------------------------------|-------------------------------------------|--------------------|------------------|--|
| Died at | | Town <i>Berigies</i> | | County <i>Balto</i> | | MARYLAND | |
| Date of death 1903 | Month <i>April</i> | Day <i>11</i> | Age | Years <i>70</i> | Months <i>—</i> | Days <i>—</i> | |
| Sex <i>male</i> | Color or Race <i>Colored</i> | | Birth- place <i>md</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation | | | | | |
| Name of Wife or Husband <i>—</i> | | | | | | | |
| Father's Name <i>Jno Blake</i> | | | | Father's Birthplace <i>md</i> | | | |
| Mother's Maiden Name <i>—</i> | | | | Mother's Birthplace | | | |
| Name of person giving In formation <i>Henry Preston</i> | | | | How related to deceased <i>none</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Primary <i>Dropsy</i> | How long <i>one year</i> |
| Immediate <i>177</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>William J. Genkins Coroner</i> |
| Address <i>—</i> | |
| Accident or Suicide? <i>William</i> | |



Name
in
Full

Gladys Leora Blanchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------|--------------------|---------------|-------------------------|----------------|-----------------|------------------|
| Died at | | Town <i>Canton</i> | | County <i>Balto</i> | | MARYLAND | |
| Date of death 190 | <i>3</i> | Month <i>Apr</i> | Day <i>12</i> | Age | Years <i>1</i> | Months <i>2</i> | Days <i>18</i> |
| Sex | <i>Female</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Canton Md</i> |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| <i>Chas H Blanchard</i> | | | | <i>N. Y.</i> | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| <i>Minnie B. Smith</i> | | | | <i>Much.</i> | | | |
| Name of person giving information | | | | How related to deceased | | | |
| <i>Father</i> | | | | <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------|------------------------|----------------|
| Primary | <i>Asphyxia</i> | How long | <i>3 weeks</i> |
| Immediate | <i>Heart Failure</i> | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>J. C. Robertson</i> | |
| | | Address | |
| | | <i>438 Lombard St.</i> | |
| | | <i>Highlandtown</i> | |
| Accident or Suicide? | | | |

St. E. Stuges.
Old McE. Cemetery

Name
in
Full

Mrs. Ella May Boring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------------|----------------------------|--------------------------------|-----------------------------------------|----------|------|
| Died at <i>Glennville</i> ^{Town} | | <i>Balto</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>4</i> | Day <i>23</i> | Age <i>28</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Balto. Co Md</i> | | |
| Married, Single or Widowed <i>married</i> | | Occupation <i>Housewife</i> | | | |
| Name of Wife <i>Widow</i> <i>Mordica B. Boring</i> | | | | | |
| Father's Name <i>Joshua G. Wilhelm</i> | | | Father's Birthplace <i>Canolf Co Md</i> | | |
| Mother's Maiden Name <i>Elizabeth Gancher</i> | | | Mother's Birthplace <i>Balto. Co Md</i> | | |
| Name of person giving information <i>Samuel Wilhelm</i> | | | How related to deceased <i>Brother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---------------------------------------------------------------------------------|--------------------------------------------------|----------------|
| Primary <i>Laryngeal Tuberculosis</i> | How long | } <i>1 yr.</i> |
| Immediate <i>Asthma</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. Ross Payne M.D.</i> | |
| | Address <i>Corbett</i> | |
| Accident or Suicide? | <i>md.</i> | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------|----------|------|
| Died at <i>Balto Co</i> ^{Town} <i>Easton Ave</i> ^{County} <i>Balto</i> | | - <i>Balto</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | <i>4</i> | <i>9</i> | Age <i>29</i> | Months | Days |
| Sex <i>white male</i> | Color or Race <i>white</i> | Birth-place <i>Baltimore</i> | | | |
| Married, Single or Widowed <i>Single</i> | Occupation <i>Mariner</i> | | | | |
| Name of Wife or Husband <i>[blank]</i> | | | | | |
| Father's Name <i>Bass Bramble</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information | | | How related to deceased <i>av</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Capillary Bronchitis</i> | How long <i>6 mos</i> |
| Immediate <i>Exhaustion</i> | How long <i>36 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Jas. L. Jones M.D.</i> |
| | Address <i>344 1/2 10th St - Highlandtown</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

John G. Brendel.

CERTIFICATE OF DEATH

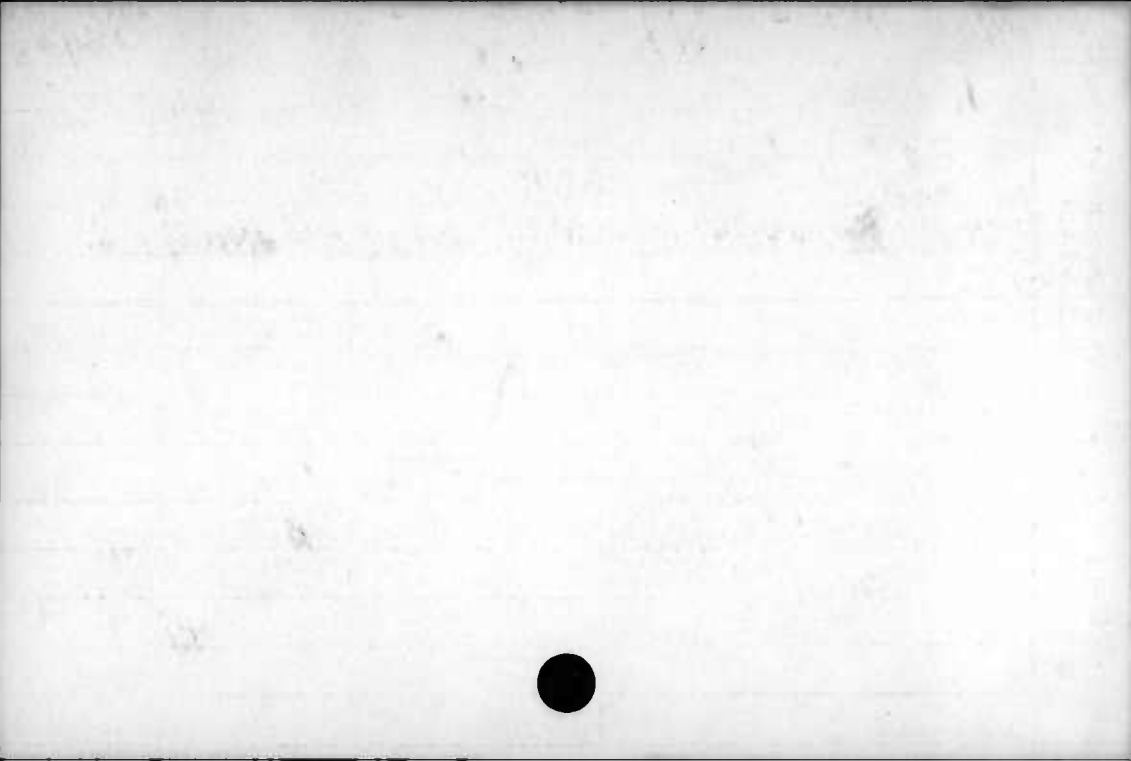
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------|-----------------------|------------------------------|-----------------------------------|----------|----------|
| Died x near ^{Town} Parkville | | ^{County} Baltimore. | | MARYLAND | |
| Date of death 1903 | Month April | Day 22 nd | Age 74 | Months 8 | Days 11. |
| Sex Male | Color or Race W. hite | | Birth-place Hagerstown. | | |
| Married, Single or Widowed | Married | | Occupation Gate Keeper. | | |
| Name of Wife or Husband | | | Susan M. Canales. | | |
| Father's Name | | | John Brendel | | |
| Mother's Maiden Name | | | Hannah Korn. | | |
| Name of person giving Information | | | Susan M. Canales | | |
| | | | Father's Birthplace Hagerstown. | | |
| | | | Mother's Birthplace Chambersburg. | | |
| | | | How related to deceased Wife. | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------|------------------------|-----------------|
| Primary | Heart Disease. | How long | Nearly 2 years. |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes. | Signature of Physician | W. J. Harrison. |
| | | Address | Loch Raven. |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

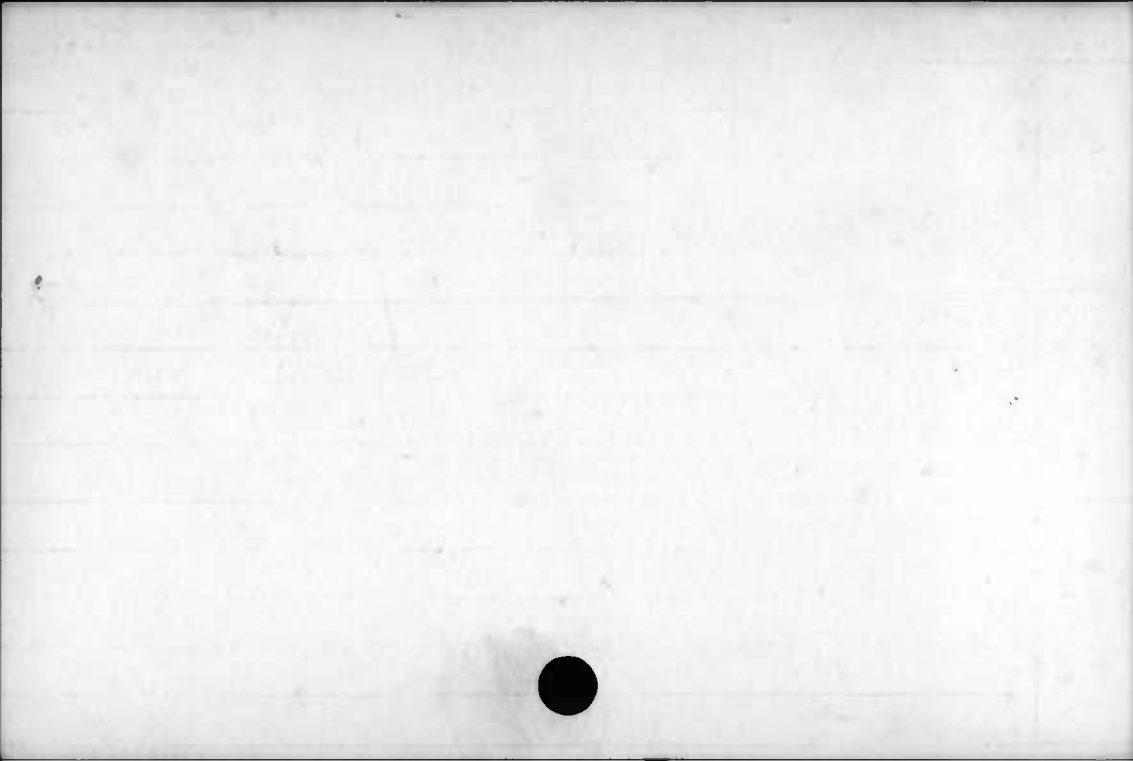
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|----------------------------------------------|--|----------------------------------------|--|-------------------------------|--|--------------------------|--|
| Name in Full <i>James Monroe Briggs</i> | | Town <i>Catonsville</i> | | County <i>Balto</i> | | State MARYLAND | |
| Died at <i>Catonsville</i> | | Month <i>April</i> | | Day <i>24</i> | | Years <i>36</i> | |
| Date of death 190 <i>3</i> | | Months <i>3</i> | | Days <i>24</i> | | Age <i>36</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Georgia</i> | | | |
| Married, Single or Widowed <i>married</i> | | Occupation <i>Hardware merchant</i> | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving information | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|
| Primary <i>Morphinism</i> | | How long <i>6 or 7 years</i> | |
| Immediate <i>Heart failure</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Lo. Rushmer White M.D.</i> | |
| | | Address <i>Catonsville Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Frank Brooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------|-------------------------------------|-------------------------------------------|------------------------------------|----------|------|
| Died at <i>Dickeryville</i> <small>Town</small> | | <i>Balto</i> <small>County</small> | | MARYLAND | |
| Date of death 1903 | <i>3 April</i> <small>Month</small> | <i>18th</i> <small>Day</small> | Age <i>32</i> <small>Years</small> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Balto Md</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation | | | |
| Name of Wife or Husband <i>Ada Brooke</i> | | | | | |
| Father's Name <i>Charles Brooke</i> | | Father's Birthplace <i>American</i> | | | |
| Mother's Maiden Name <i>Laura Brooke</i> | | Mother's Birthplace <i>u</i> | | | |
| Name of person giving information <i>Ada Brooke</i> | | How related to deceased | | | |

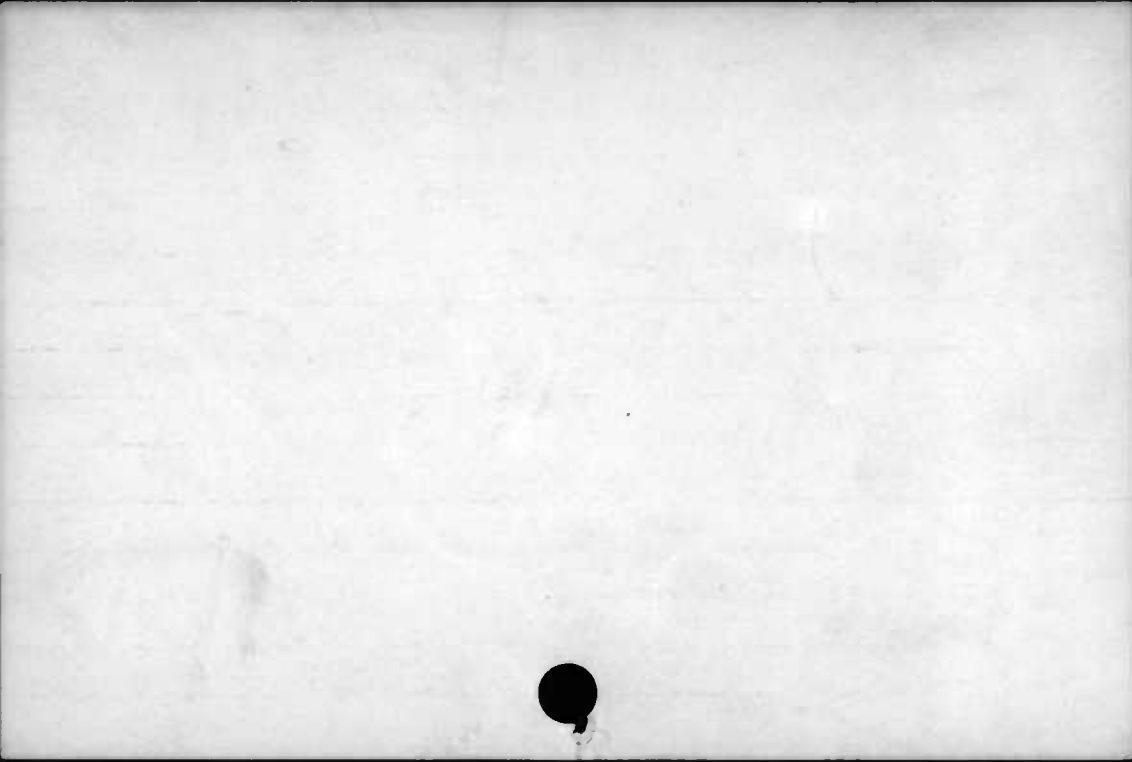
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------------|-----------------------------|----------------|
| Primary | <i>Pneumonia</i> <i>93</i> | How long | <i>10 days</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | |
| Signature of Physician <i>George F. Erhardt M.D.</i> | | Address <i>Dickeryville</i> | |
| | | <i>Balto Co Md</i> | |
| Accident or Suicide? | | | |

Ridge Cemetery

| | | | | | | | | |
|------------------------------------------------------|-----------------------------------------------------------------------------|------------------|----------------|-----------------------------------|-------------------------------------------------------|----------------------|-----------------|----------|
| Name in Full | | Luther Brown | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Shane | County Baltimore | | MARYLAND | | |
| | Date of death | 1903 | Month April | Day 12 | Years Age 80 | Months 2 | Days 23 | |
| | Sex | Male | | Color Race | White | | Birth- place | Maryland |
| | Married, Single or Widowed | Married, widower | | Occupation Carpenter | | | | |
| | Name of Wife or Husband Hester Brown | | | | | | | |
| | Father's Name Unknown | | | | Father's Birthplace Sunnybrook | | | |
| | Mother's Maiden Name Hester King | | | | Mother's Birthplace Sunnybrook | | | |
| Name of person giving information Wm. O. Brown | | | | How related to deceased Son | | | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary Consumption | | | | How long 30 years | | | |
| | Immediate Consumption | | | | How long 1 week | | | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | | | | Signature of Physician W. Millard, Stirling Mo. | | | |
| | | | | | Address Shane Md | | | |
| Accident or Suicide? | | | | | | | | |



Wm E. Bull

Town

County

Died at *Horseburg* *Baltimore*

MARYLAND

Date 189 *903* *4* *13* Age *18* *1* *13* *Ad.* Occupation *Laborer*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

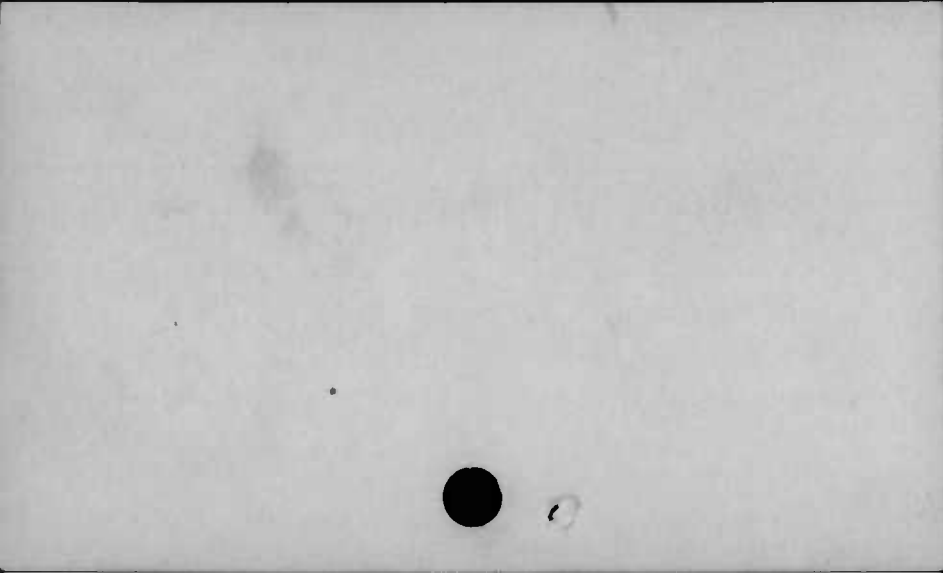
Husband
of
WifeFather's
Name *Eli T. Bull*Mother's
Name*Magdalene Bull*

Cause of Death { Primary *General Tuberculosis* How long sick *Two years*

Immediate *Acute Pulmonary* " ~~Accident, Suicide, Homicide~~

Reported by *E. W. Heyde, M.D.*Address *Parkston*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hannah Bell Burnham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|------------------------------------------|------------|---------------------------|-------------------------|-----------------------|---------------------------------------|-----------|--|
| Died at | | Town Brooklandville | | County Baltimore | | MARYLAND | |
| Date of death 1903 | Month 4 | Day 5 | Age | Years 57 | Months — | Days — | |
| Sex Female | | Color or Race White | | Birth- place Md | | | |
| Married, Single or Widowed | | | Occupation Housewife | | | | |
| Name of Wife or Husband | | Edward Burnham of Abscon | | | | | |
| Father's Name | | Deal Bell | | | Father's Birthplace | | |
| Mother's Maiden Name | | Aral Corbin | | | Mother's Birthplace | | |
| Name of person giving Information | | Ed Burnham | | | How related to deceased Husband | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|-------------------------------------------------------------------------|--------------------|-----------------|----|------------|
| Primary | Carcinoma of Liver | How long | 40 | two months |
| Immediate | Exhaustion | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| Signature of Physician | | St Louis Naylor | | |
| Address | | Pikesville | | |
| Accident or Suicide? | | Md | | |



Name

in
Full

CERTIFICATE OF DEATH

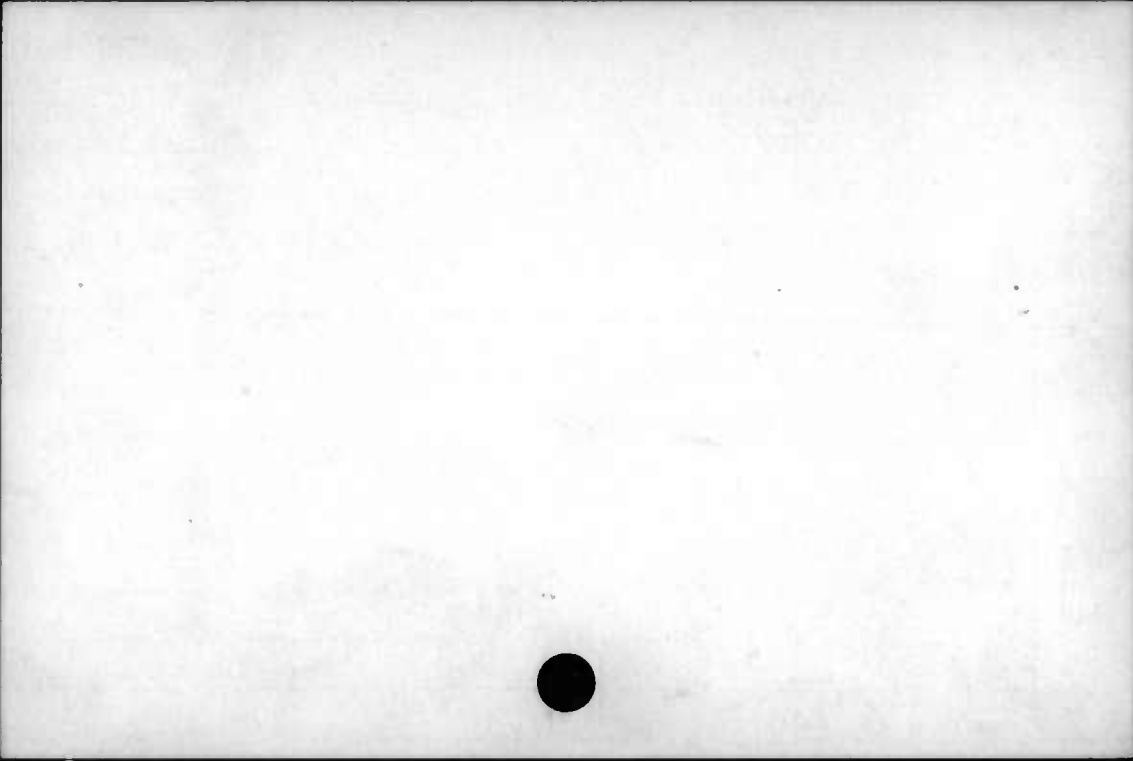
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------|----------------------------|-------------------------|----------------------------------------|----------|------|
| Died at <i>Delight, P.O.</i> | | County <i>Baltimore</i> | | MARYLAND | |
| Date of death 190 | Month <i>April</i> | Day <i>20</i> | Age <i>25</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Balto Co</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Andrew Buskey</i> | | | Father's Birthplace <i>Balto Co</i> | | |
| Mother's Maiden Name <i>Mary Gardner</i> | | | Mother's Birthplace <i>Balto Co</i> | | |
| Name of person giving information <i>Wm H Buskey</i> | | | How related to deceased <i>Brother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Tuberculosis</i> | How long <i>2 or 3 years</i> |
| Immediate <i>Heart failure</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm H Campbell</i> |
| | Address <i>Carmichael Mills, Md</i> |
| Accident or Suicide? | |



Name
in
Full

Shannon F. Butts

CERTIFICATE OF DEATH

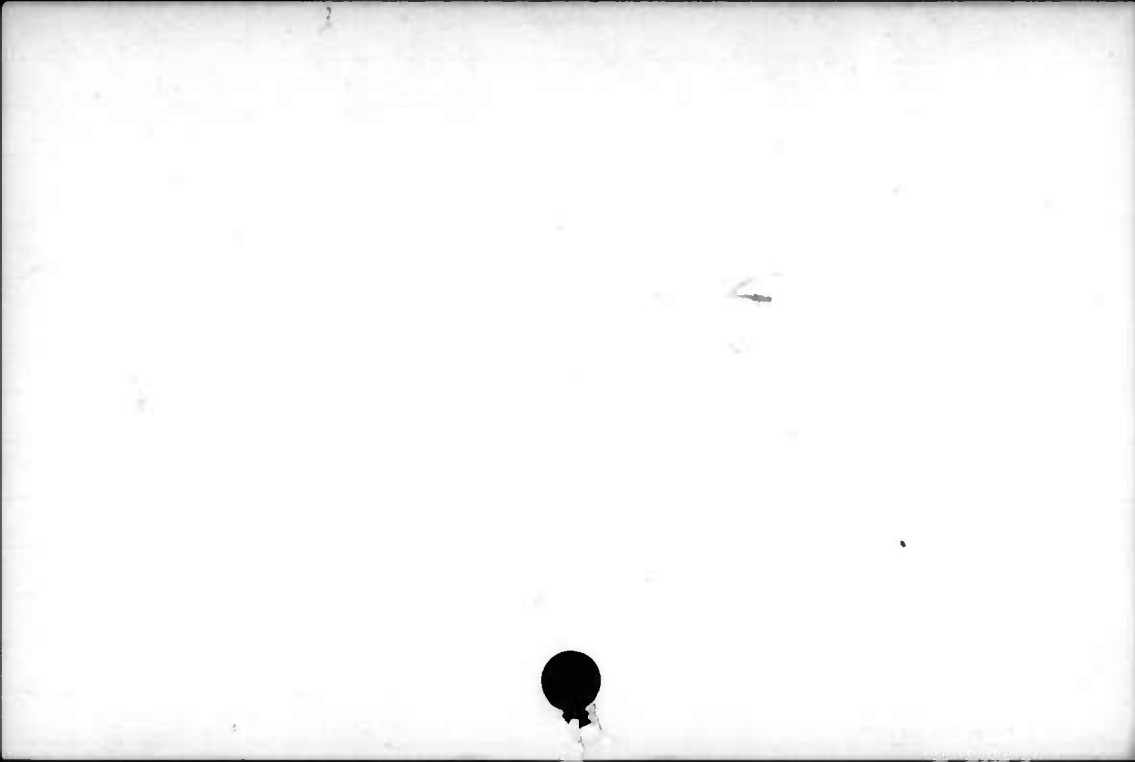
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------------|----------------------------------|------------------------------------|-------------------------------------------|--------------------|-------------|
| Died at <i>Pikesville</i> ^{Town} | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>4</i> | Day <i>26</i> | Age <i>64</i> | Years <i>64</i> | Months — |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth- place <i>Virginia</i> | | |
| Married, Single or Widowed <i>Married</i> | | | Occupation <i>old soldier</i> | | |
| Name of Wife or Husband — | | | | | |
| Father's Name — | | | Father's Birthplace — | | |
| Mother's Maiden Name — | | | Mother's Birthplace — | | |
| Name of person giving in formation <i>W. M. Mathews</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------|-----------------------|
| Primary <i>Bronchitis</i> | How long <i>90</i> | <i>several months</i> |
| Immediate <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. F. E. Myer</i> | |
| | Address <i>Pikesville</i> | |
| Accident or Suicide? | | |



Name
in
Full

Sarah E. Byer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------|----------------------------|-------------------------|---------------------------------------|-----------------|---------------|
| Died at <i>Highlandtown</i> | | <i>Baltimore</i> County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>Apr.</i> | Day <i>20</i> | Years <i>29</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>Housework</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>George Byer</i> | | | Father's Birthplace <i>Germany</i> | | |
| Mother's Maiden Name <i>Mary L. Kline</i> | | | Mother's Birthplace <i>Md.</i> | | |
| Name of person giving information <i>Anna Crawford</i> | | | How related to deceased <i>sister</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------------------|----------------------------------------------------|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>18 months</i> |
| Immediate <i>Chastition</i> | How long <i>One week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>J. C. Robertson M.D.</i> |
| | Address <i>438 Lombard St Highlandtown</i> |
| Accident or Suicide? <i>—</i> | |

Germanus, France

Undertaker

Stemnaers Run Cemetery

Name
in
Full

Alice Gloze

CERTIFICATE OF DEATH

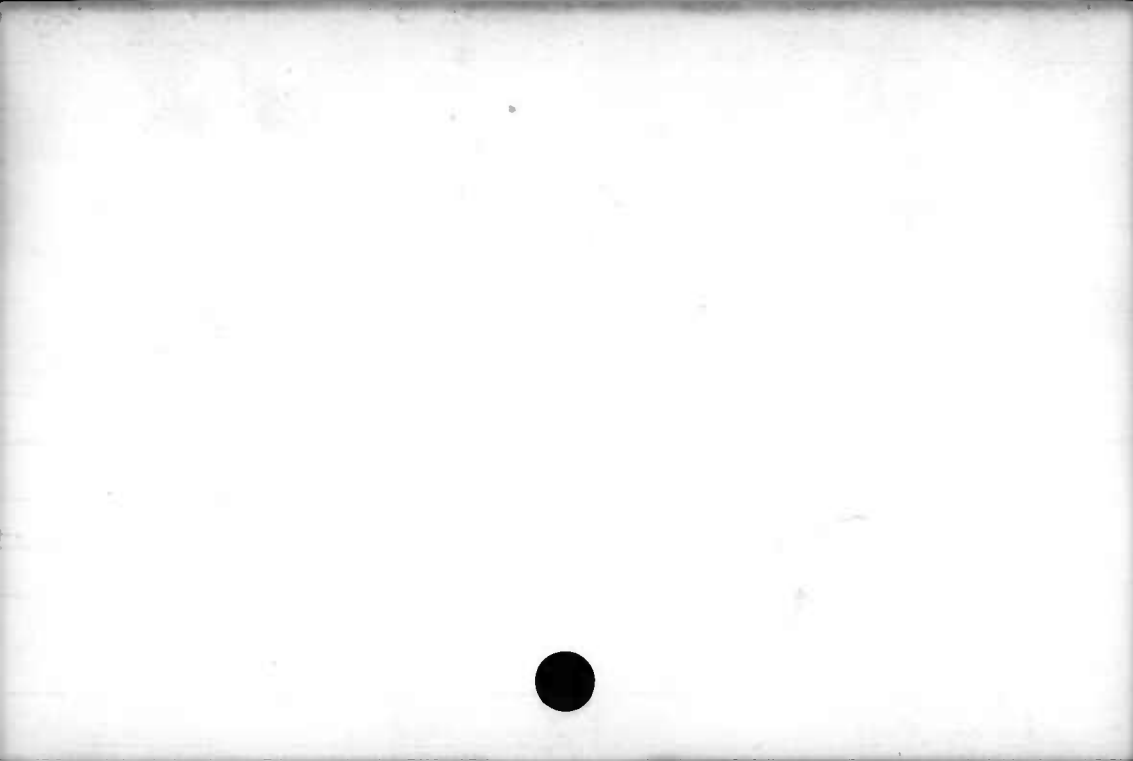
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------------------|-----------------------------|----------------------------|-------------------------|----------|------|
| Died at <i>Mt Hope Retreat</i> | | County <i>Baltimore Co</i> | | MARYLAND | |
| Date of death 1903 | Month <i>4th</i> | Day <i>6th</i> | Years <i>52</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>none</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information <i>Records Mt Hope</i> | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Pul. Tuberculosis</i> | How long |
| Immediate <i>Asthenia</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Frank J. Flannery</i> |
| | Address <i>Mt Hope Retreat</i> |
| | <i>Mt Hope</i> |
| Accident or Suicide? | |



Name In Full

Certificate of Death

Helen Coats
 Town County

MARYLAND

Died at

Granville
 Month Day

Baltimore
 Y. M. D.

Native of

Occupation

Date 1903

Apr 17
 Month Day

Age

18

and

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband of

Wife

Father's Name

Percy King

Mother's Maiden Name

Grace Coats

Cause of

Primary

Pneumonia

How long sick

3 days

Death

Immediate

Cardiac asthma

~~Accident, Suicide, Homicide~~

Reported by

H. J. Shipley and
Granville

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889



Name In Full

Certificate of Death

Edith Louella Hoffell

Died at

Town
Mt Zion

County

Balto.

MARYLAND

Date 1903

Month

Day

4

14

Age

3-27

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

1

Death

Immediate

Pneumonia

9th

How long sick

15 days

Accident, Suicide, Homicide

Reported by

J. H. Wilson, Jr., D.

Address

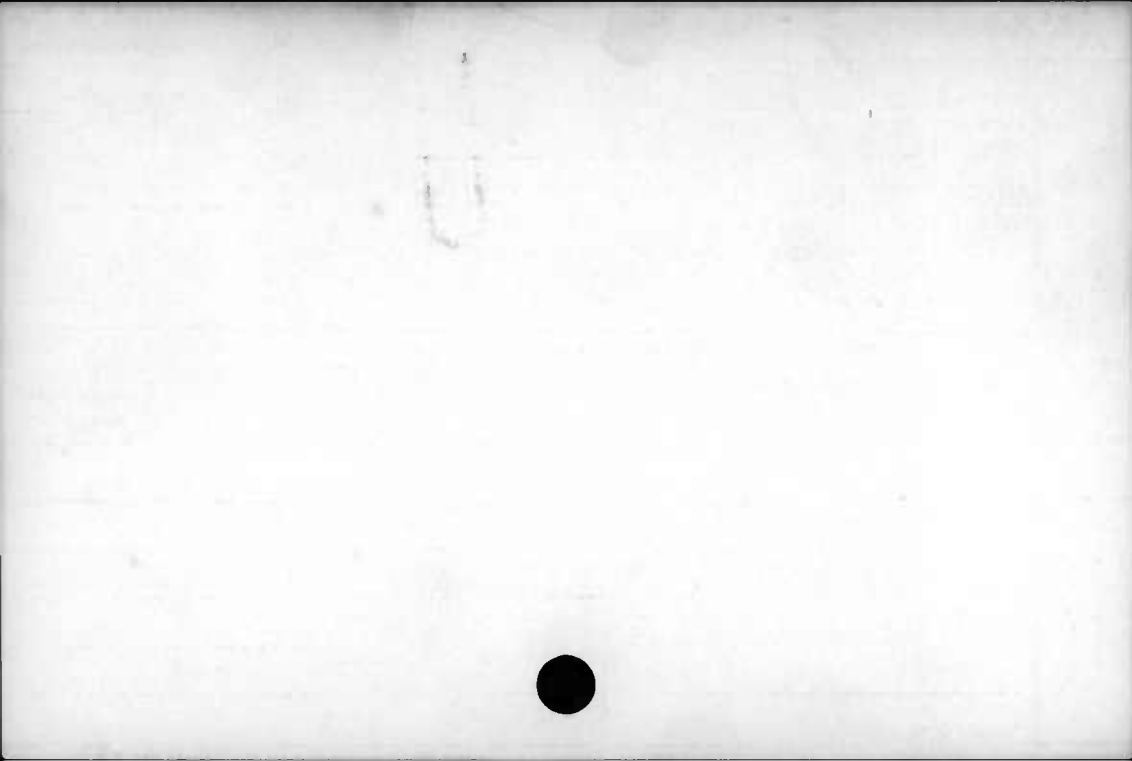
Fowblesburg

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------------------|----------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Lebanonville</i> <small>Town</small> | | <i>Bullo.</i> <small>County</small> | | MARYLAND |
| | Date of death 1903 | <i>April</i> <small>Month</small> | <i>8</i> <small>Day</small> | Age <i>42</i> <small>Years</small> | Months <small>Days</small> |
| | Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Md</i> | | |
| | Married, Single or Widowed <i>Single.</i> | | Occupation <i>None.</i> | | |
| | Name of Wife or Husband <i>X</i> | | | | |
| | Father's Name <i>X</i> | | | Father's Birthplace <i>X</i> | |
| | Mother's Maiden Name <i>X</i> | | | Mother's Birthplace <i>X</i> | |
| | Name of person giving information <i>X</i> | | | <i>68</i> How related to deceased <i>X</i> | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Dementia</i> | | | How long <i>8 years.</i> | |
| | Immediate <i>Facial Erysipelas</i> | | | How long <i>4 days.</i> | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> | | | Signature of Physician <i>J. R. Wade.</i> | |
| | | | | Address <i>Lebanonville</i> | |
| | Accident or Suicide? <i>No.</i> | | | | |



Name
in
Full

CERTIFICATE OF DEATH

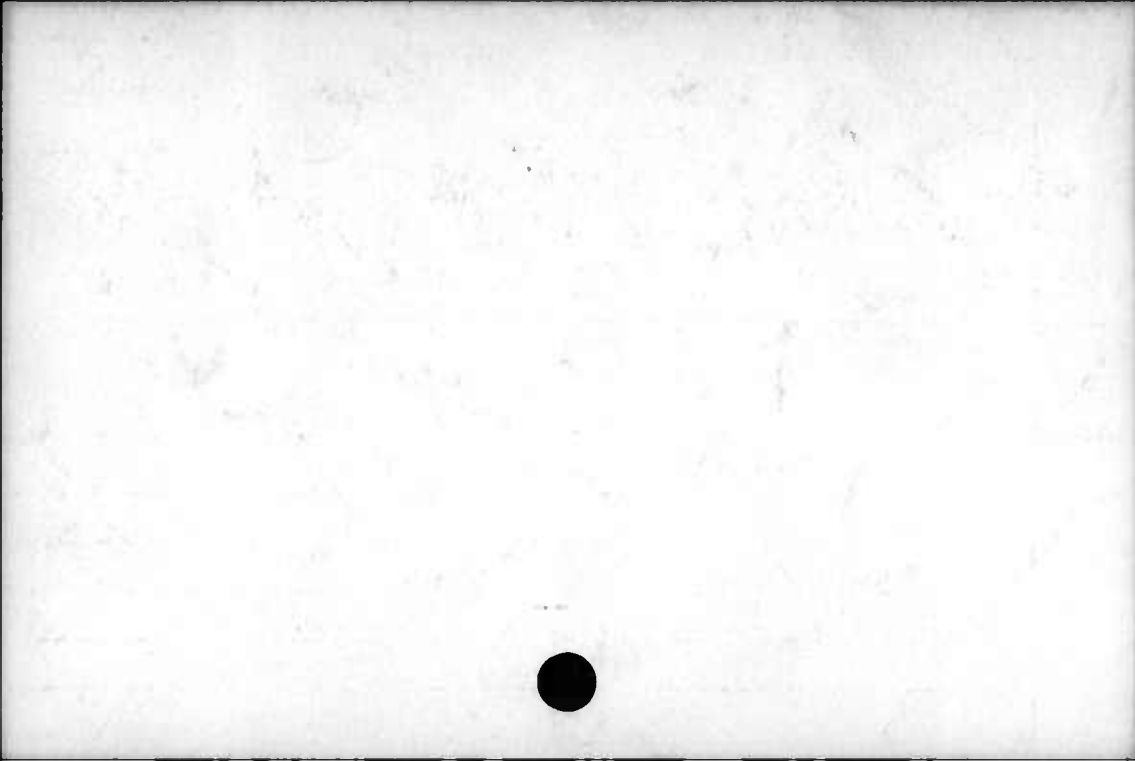
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|---------------------------|-----------------|---------------|-----------|--------|-------------------------|------------|----------|--|
| Died at | | Stephen Collins | | County | | Baltimore | | MARYLAND | |
| Date of death 1903 | Month | Day | Age | Years | Months | Days | | | |
| 3 | April | 15th | 33 | 33 | 3 | 2 | | | |
| Sex | Male | | Color or Race | White | | Birth-place | Salem, Ky. | | |
| Married, Single or Widowed | Married | | Occupation | Physician | | | | | |
| Name of Wife or Husband | Minnie Haggerty (Collins) | | | | | | | | |
| Father's Name | Martin H. Collins | | | | | Father's Birthplace | Not known | | |
| Mother's Maiden Name | Margaret Howard | | | | | Mother's Birthplace | " | | |
| Name of person giving information | Minnie H. Collins | | | | | How related to deceased | Wife | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-----------------------------------------|----------|-----------|
| Primary | Alcoholism | How long | 2 weeks |
| Immediate | Cardiac Paralysis | How long | immediate |
| Are the name, age, sex, color, date and place correctly given above? | Yes | | |
| Signature of Physician | Thomas H. Mareschal | | |
| Address | 1576 East Balto. St. Balto. Maryland | | |
| Accident or Suicide? | Neither | | |



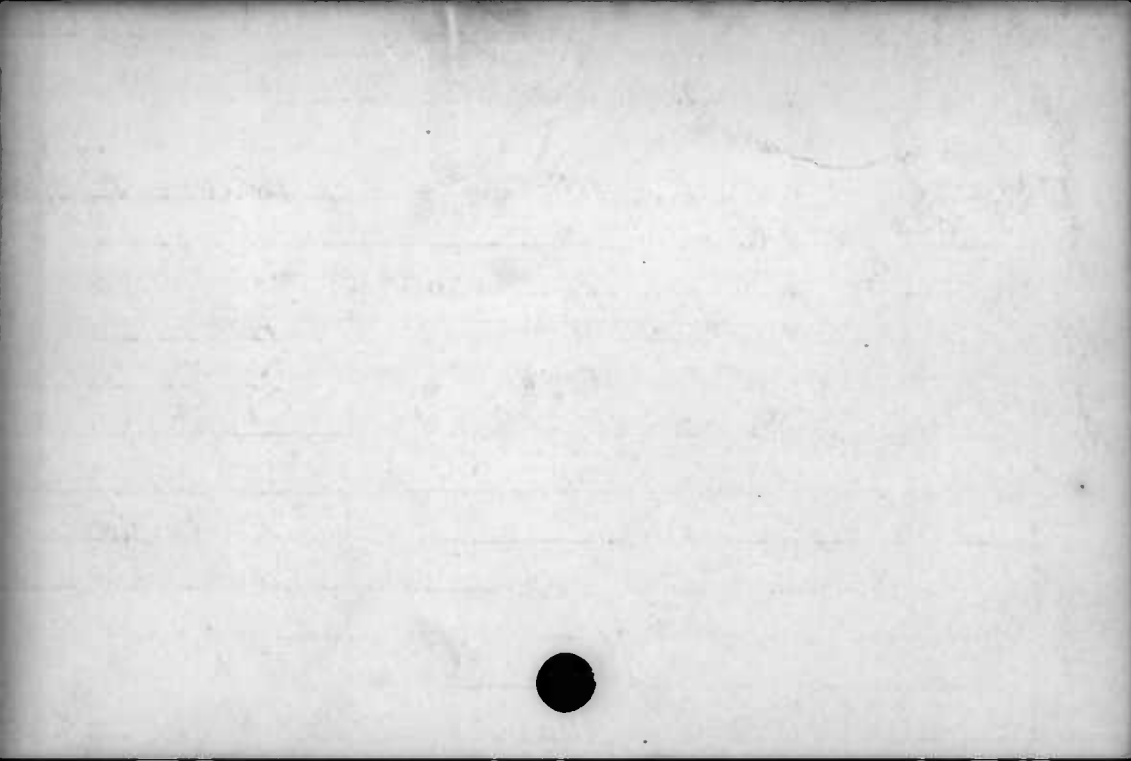
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|--|
| Died at <i>Highlandtown</i> ^{Town} <i>Baltimore Co</i> ^{County} | | MARYLAND | |
| Date of death <i>1903</i> ^{Year} <i>apr</i> ^{Month} <i>15</i> ^{Day} <i>33</i> ^{Age} <i>3</i> ^{Months} <i>2</i> ^{Days} | | | |
| Sex <i>Male</i> | Color ^{or} Race <i>White</i> | Birth-place <i>Salem N.Y.</i> | |
| Occupation <i>Physician</i> | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Minnie Haggerty (Collins)</i> | | |
| Father's Name <i>Martin H. Collins</i> | Father's Birthplace <i>Not known</i> | | |
| Mother's Maiden Name <i>Margaret Howard</i> | Mother's Birthplace | | |
| Name of person giving information <i>Minnie H. Collins</i> | How related to deceased <i>Wife</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|--------------------------------------------------|
| Primary <i>Alcoholism</i> | How long <i>7 weeks</i> |
| Immediate <i>Cardiac Paralysis</i> | How long <i>immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos H. Magnus MD.</i> |
| | Address <i>1576 E. Balto St</i> |
| Accident or Suicide? <i>Neither</i> | <i>Baltimore Md</i> |



Name

in
Full

CERTIFICATE OF DEATH

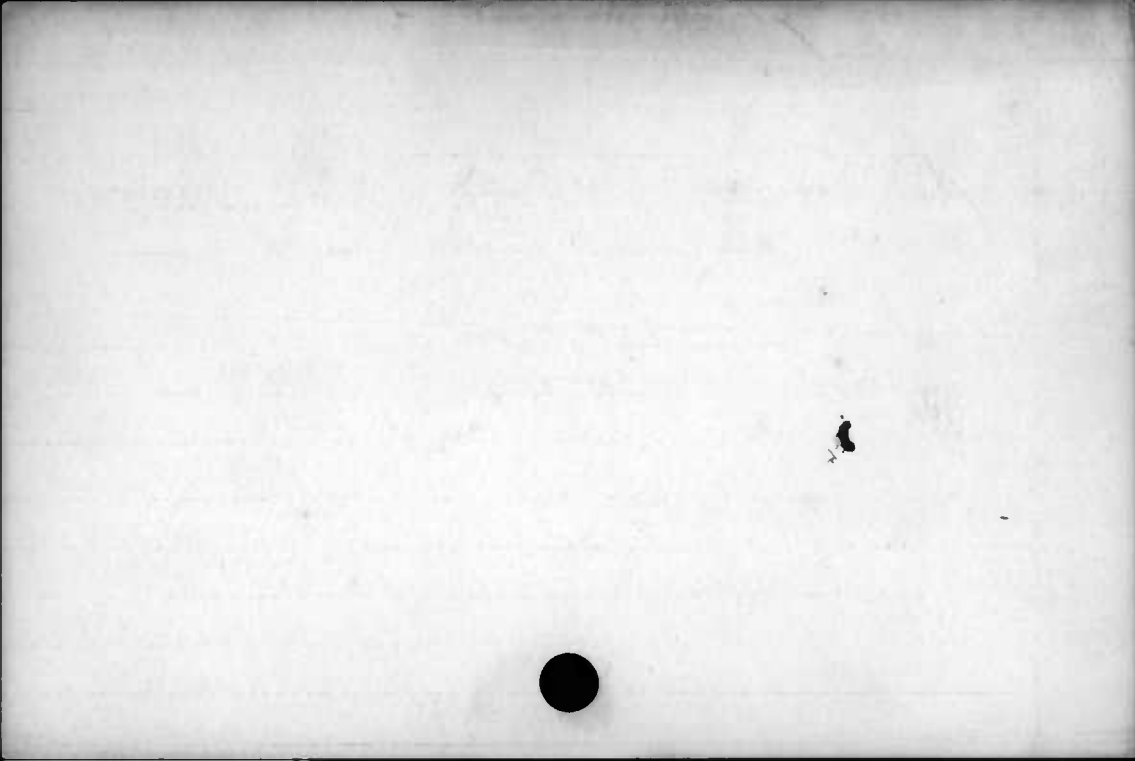
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------------|--|----------------------------|--------------------------------------|------------------------|--|
| Name in Full <i>Nettie's Coombs</i> | | County <i>Baltimore</i> | | State <i>MARYLAND</i> | |
| Died at <i>Baltimore</i> | | Month <i>April</i> | | Day <i>19</i> | |
| Date of death 190 <i>3</i> | | Age <i>65</i> | | Months <i>—</i> | |
| Sex <i>female</i> | | Color or Race <i>white</i> | | Birth-place <i>Md.</i> | |
| Married, Single or Widowed <i>single</i> | | Occupation <i>Servant</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Jesse L. Coombs</i> | | | Father's Birthplace <i>Not known</i> | | |
| Mother's Maiden Name <i>Not known</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>Mrs. Ephraim Funk</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|----------------------------------------------------------------------|-------------------------|-------------------------------------------------------|
| Primary | <i>Bright's Disease</i> | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician <i>C. M. Suter Underwerker</i> |
| | | Address <i>Hagerstown, Md.</i> |
| Accident or Suicide? | <i>no</i> | |



Name

in
Full

CERTIFICATE OF DEATH

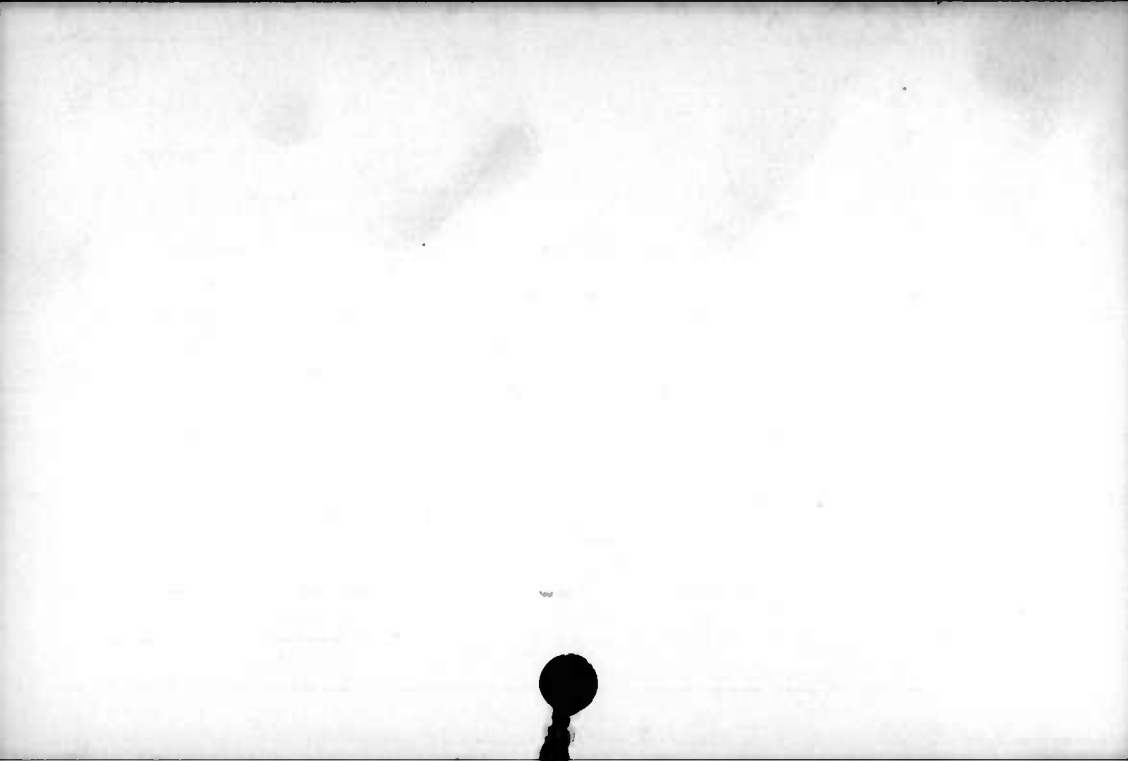
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-------------------------------------------------------|---------------------------|----------------------------|--------------------------|---------------------|---------------------------------------|----------------------|--|
| Name in Full | | Addie V. Crouse | | | | CERTIFICATE OF DEATH | |
| Died at | | Town Worthington Valley | | County Baltimore | | MARYLAND | |
| Date of death 1903 | Month April | Day 4 | Age | Years 46 | Months | Days | |
| Sex Female | Color or Race white | | Birth- place Penna | | | | |
| Married, Single or Widowed Married | | | Occupation House wife | | | | |
| Name of Wife or Husband C. H. Crouse | | | | | | | |
| Father's Name Lafayette Brenizer | | | | | Father's Birthplace Penna | | |
| Mother's Maiden Name Elizabeth Plank | | | | | Mother's Birthplace Penna | | |
| Name of person giving In formation C. H. Crouse | | | | | How related to deceased Husband | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|-------------------------------------------------------------------------|-----------------------|---------------------------|-----------|
| Primary | Tuberculosis of Lungs | How long | Two years |
| Immediate | Heart Failure | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | J. Howard Price | |
| 27 | | Address Glyndon | |
| Accident or Suicide? | | M.D. | |



Name in Full

Certificate of Death

Lyddia A. Dance

46

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 26

Age

70-1

Pa.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Joseph G. Dance

Mary Anderson

Cause of

Primary

Pleurisy

How long sick

Death

Immediate

Heart failure

Accident, ~~Suicide, Homicide~~

Reported by

Jm. S. Green M.D.

Address

Hittinze

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Miriam Diven

Town

County

Died at

Stitz PO

York County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4.

28

Age

75

8.

4

America

~~Male~~

White

~~Colored~~

Married

Widow

~~Yes~~

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

20

Husband of

Wife

Father's

Name

John Diven (Deceased)

Mother's

Maiden Name

Catharine Storhelen

Cause of

Primary

Chronic Gastritis

How long sick

5 weeks

Death

Immediate

Not known

Accident, Suicide, Homicide

Reported by

Address

Geo. L. Yaggle, M.D.

New Freedom Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79909



Conrad Duer

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 7th

Age

27

-

-

Germany

Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Annie Hoffman

Father's

Name

George Duer

Mother's

Maiden Name

Margaret Bentz

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 1/2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Nathaniel O. W. Wright M. D.

Address

1023 Canton St.

Sacred Heart Cemetery
April 9th. 1903.

Germanus France

Undertaker.

Name
in
Full

Howard Loy Ebersele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------|--------------------|------------------------------------|------------------------------------------|----------------------------------|---------------|
| Died at <i>Freeland</i> ^{Town} <i>P. O.</i> | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 1903 | Month <i>April</i> | Day <i>15</i> | Age <i>8</i> Years | Months <i>4</i> | Days <i>8</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Baltimore Co.</i> | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>George W. Ebersele</i> | | | Father's Birthplace <i>Baltimore Co.</i> | | |
| Mother's Maiden Name <i>Harriet Ellen Loy</i> | | | Mother's Birthplace <i>Baltimore Co.</i> | | |
| Name of person giving information <i>Annie Ebersele</i> | | | How related to deceased <i>Aunt</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Typhoid Fever</i> | How long <i>17 days</i> |
| Immediate <i>Embolic Meningitis</i> | How long <i>Two (2) days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Joseph D. Baedwen</i> |
| | Address <i>Freeland Baltimore Co.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

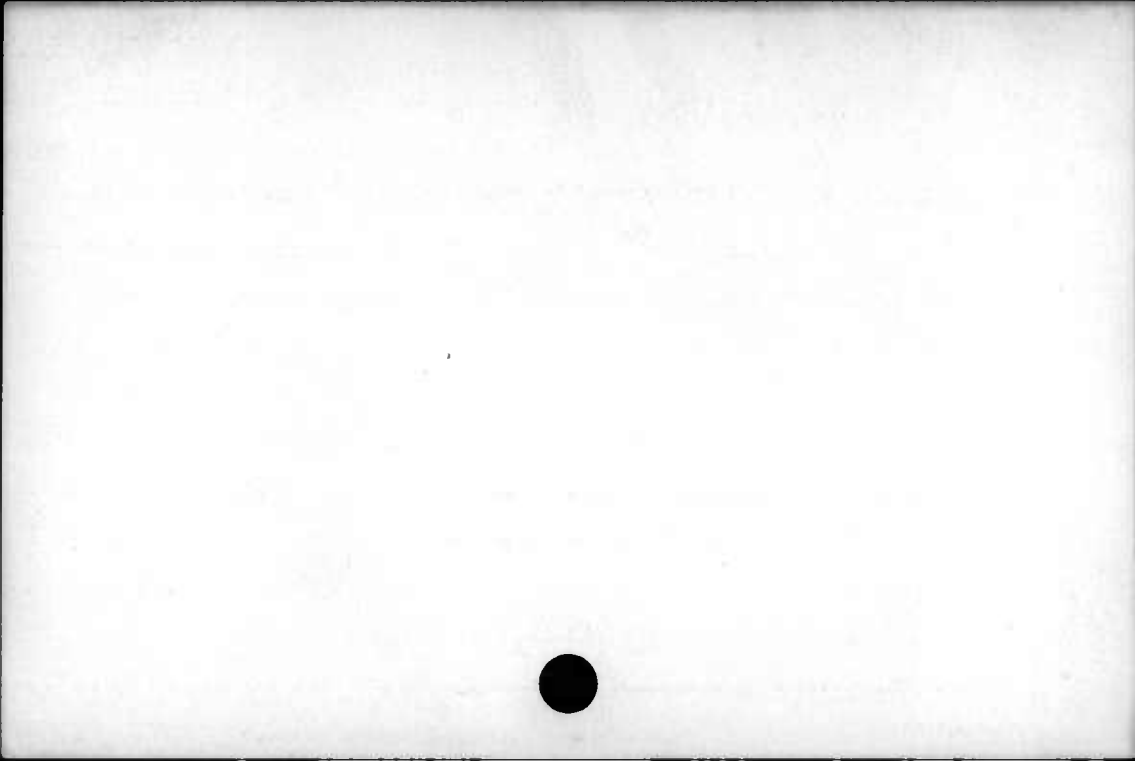
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Woodstock College* ^{County} *Baltimore*Date of death 190 ^{Month} *3* ^{Day} *apr.* ^{Age} *10* ^{Years} *73* ^{Months} *3* ^{Days} *20*Sex *male* Color or Race *white* Birth-place *Ireland*Married, Single or Widowed *_____* Occupation *Sailor*Name of Wife or Husband *_____*Father's Name *not known* Father's Birthplace *Ireland*Mother's Maiden Name *not known* Mother's Birthplace *Ireland*Name of person giving information *Bro Mackin S.F. 40* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Gastro-Hepatic Cancer* How long *about 1*Immediate *Exhaustion* How long *year*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. J. Strickley M.D.*Address *Granville, Md.*A ~~suicide~~ suicide?



Enson.

Town

County

Died at

Bentley Springs Baltimore

MARYLAND

Date

1903

Month

4 24

Y.

0 9 0

D.

Native of

Md.

Occupation

Infant.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

~~Wife~~

Father's

Name

Harry Franklin Enson

Mother's

Name

Sallie E. Enson

Cause of

Primary

Stillbirth.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. W. Heyde, M.D.

Address

Baltimore

Must be signed by physician, if any in attendance, or by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

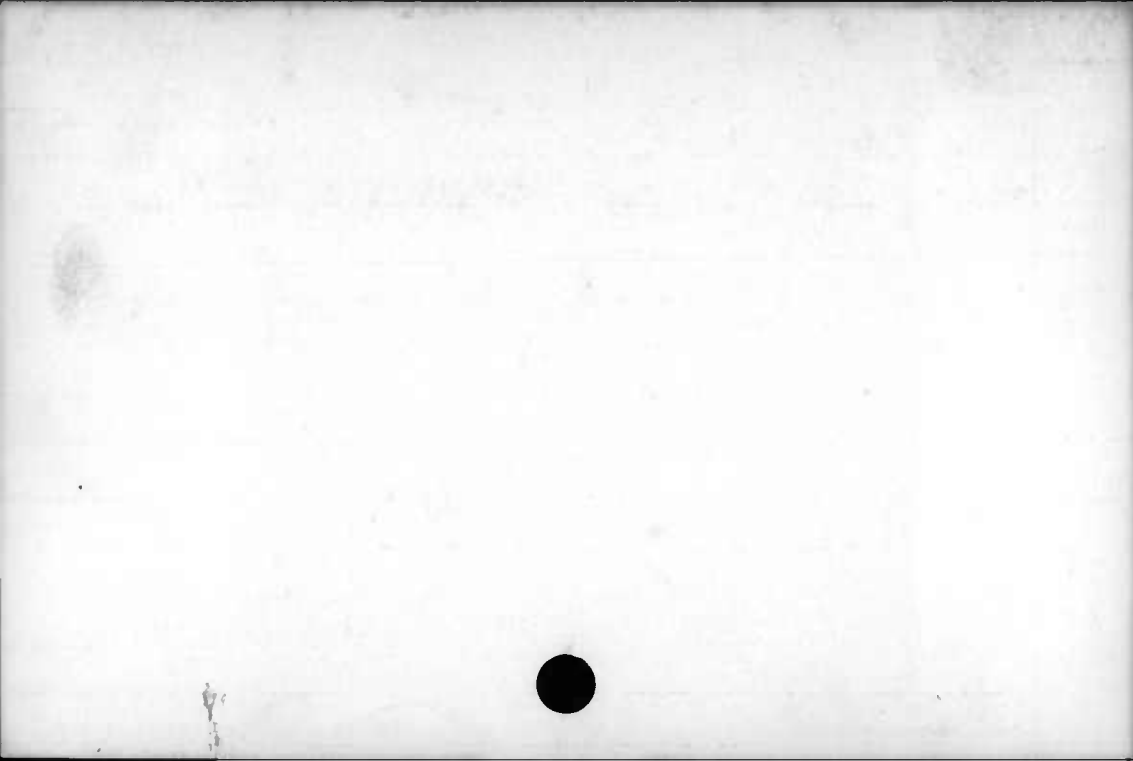
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------|----------------------------|-------------------------------------|------------------------------------|----------|------|
| Died at <i>Heatonville</i> <small>Town</small> | | <i>Bolton</i> <small>County</small> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>April</i> | Day <i>7</i> | Age <i>83</i> <small>Years</small> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Md.</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>None.</i> | | |
| Name of Wife or Husband <i>X</i> | | | | | |
| Father's Name <i>X</i> | | | Father's Birthplace <i>X</i> | | |
| Mother's Maiden Name <i>X</i> | | | Mother's Birthplace <i>X</i> | | |
| Name of person giving information <i>X</i> | | | How related to deceased <i>X</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|------------------------------------------|
| Primary <i>Senile Dementia</i> | How long <i>54 years.</i> |
| Immediate <i>Ch Nephritis</i> | How long <i>1 year.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Harry Wade</i> |
| | Address <i>Heatonville</i> |
| Accident or Suicide? <i>No.</i> | |



Name
in
Full

Frank Fenwick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------------|----------------------------|--------------------------------|---------------------------------------|-------------------------------|--------------------------------|
| Died at <u>Canton</u> ^{Town} | | <u>Ballo</u> ^{County} | | MARYLAND | |
| Date of death 190 | <u>3</u> ^{Month} | <u>Apr</u> | Day <u>28</u> | Age <u>5</u> ^{Years} | Months <u>7</u> Days <u>20</u> |
| Sex <u>Male</u> | Color or Race <u>white</u> | | Birth-place <u>Ballo</u> | | |
| Married, Single or Widowed <u>Single</u> | | | Occupation <u>—</u> | | |
| Name of Wife or Husband | | | | | |
| Father's Name | | | Father's Birthplace <u>Ballo</u> | | |
| Mother's Maiden Name | | | Mother's Birthplace <u>Ballo</u> | | |
| Name of person giving information <u>Sylvester Fenwick</u> | | | How related to deceased <u>Father</u> | | |

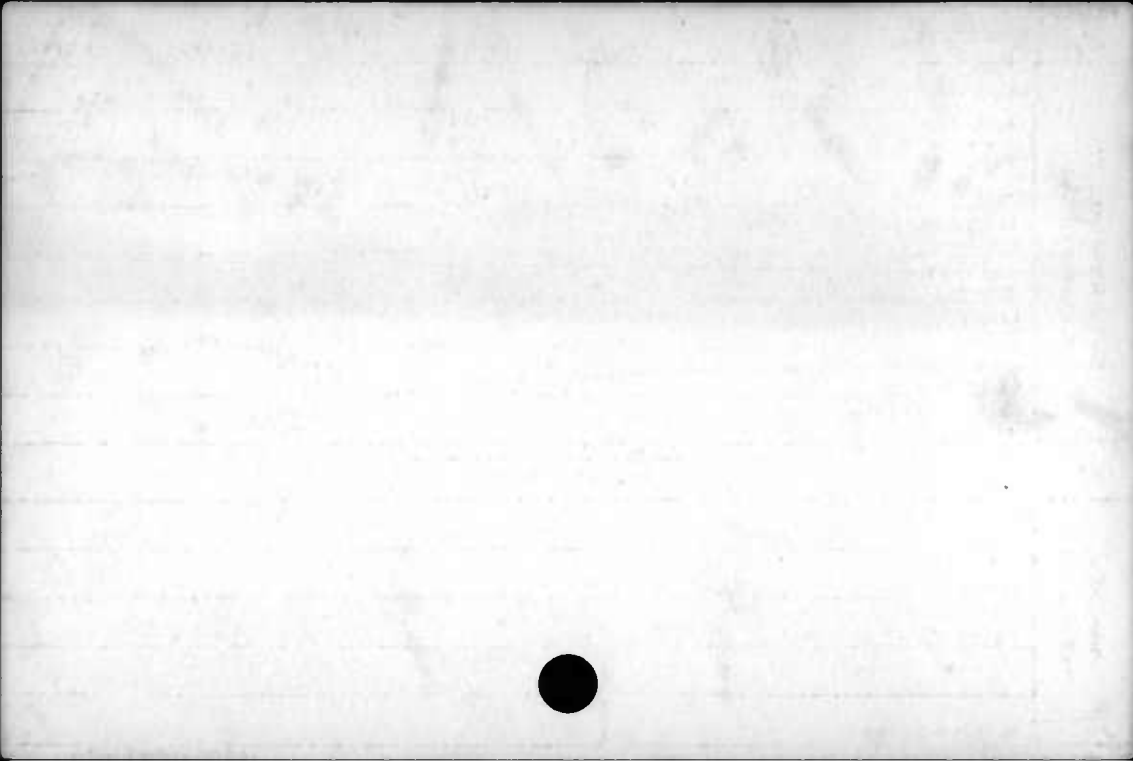
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <u>Membranous Croup</u> | How long <u>9 days</u> |
| Immediate <u>Heart failure</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. W. Chambers M.D.</u> |
| | Address <u>1013 Canton St.</u> |
| Accident or Suicide? <u>—</u> | |

St. Pauls Cemetery
Kandau Sing.

| | | | |
|---------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|----------------------------|
| Name Metta Margaret Fleishman | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Lansdowne Town Baltimore County | | MARYLAND |
| | Date of death 1903 April Month 24 Day 63 Years | Months 5 | Days 19 |
| | Sex Female | Color or Race White | Birth-place Germany |
| | Married, Single or Widowed | Occupation House wife | |
| | Name of Wife or Husband John Fleishman | | |
| | Father's Name Christ Waldemuth | Father's Birthplace Germany | |
| | Mother's Maiden Name Kathin Waldemuth | Mother's Birthplace Germany | |
| Name of person giving information John Fleishman | | How related to deceased Husband | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary Cerebral tumor bageled | How long 4 days | |
| | Immediate Uræmia & exhaustion | How long | |
| | Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician Frank W. Kuhl, M.D. | |
| | | Address Lansdowne Md. | |
| | Accident or Suicide? No | | |



Name
in
Full

CERTIFICATE OF DEATH

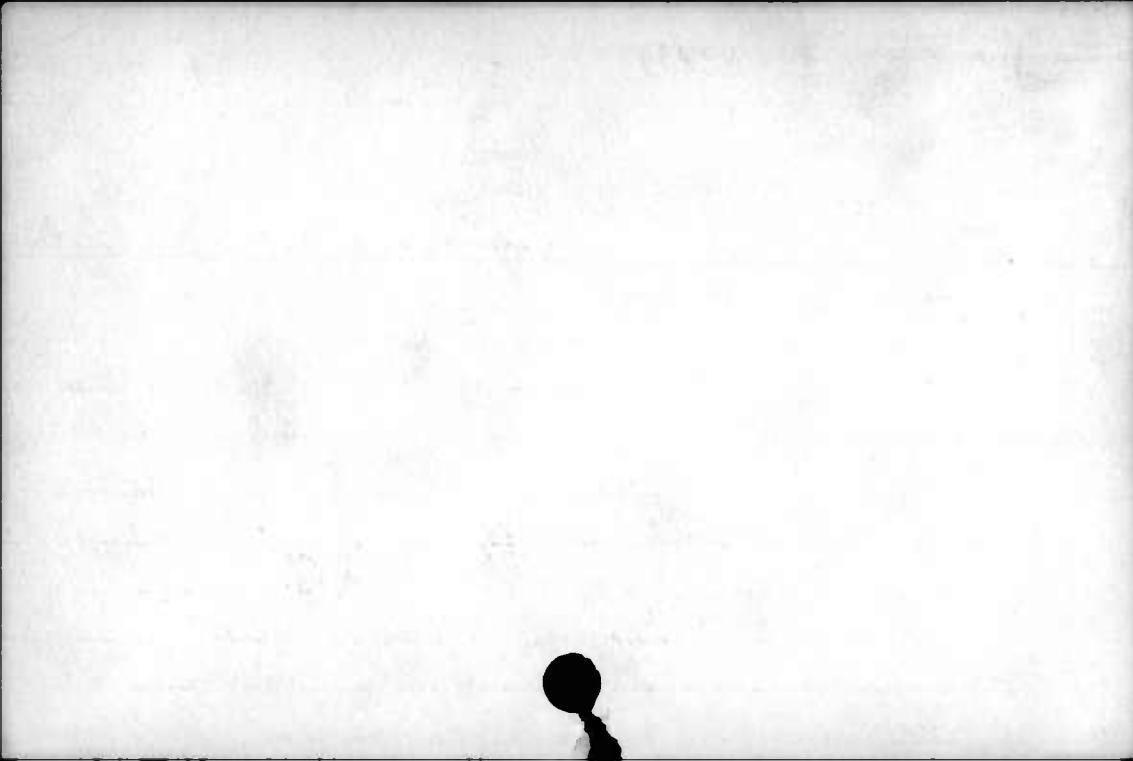
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|--|--------------------------------|--|------------------------------------|--|-------------------------|--|
| Name in Full <i>Mrs Anne Frank</i> | | Town <i>Chagus Santorum</i> | | County <i>Belt</i> | | MARYLAND | |
| Died at | | Date of death 1903 | | Age | | Months Days | |
| Month <i>April</i> | | Day <i>1</i> | | Years <i>40</i> | | | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Philadelphia</i> | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving information | | | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|----------------------------------------------------------------------|-------------------------------|-----------------------------------|
| Primary | <i>Pulmonary tuberculosis</i> | How long |
| Immediate | <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| <i>Yes</i> | | <i>Dr. Percy M. D.</i> |
| filed 1903 | | Address <i>Chagus Santorum</i> |
| Accident or Suicide? | | |



Name in Full

Certificate of Death

Rosa Lawn Gallagher

Town

County

Died at

Germantown

Balto.

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 25

Age

57 9.13.

White

Married

Widow

~~Divorced~~

Female

~~Color~~~~Single~~~~Widow~~

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jno. B. Gallagher

Jno. Lawn

Maiden Name

Mary Madden

Primary Acute indigestion

Immediate Exhaustion

How long sick

24 hours

Accident, Suicide, Homicide

H. C. Boess. M.D.

Starbuckman

Balto. Md

LIBRARY BUREAU, 70622



Name
in
Full43
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Perry Hall* TownCounty *Baltimore*

Date

of death 1903

Month *4*Day *10*

Age

Years *✓*Months *✓*Days *14*

Sex

*Female*Color or
Race*white*Birth-
place*Baltimore - Md*Married, Single
or Widowed *✓*

Occupation

Name of Wife or
Husband *✓*Father's
Name*Wm F. George*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Emma George*Mother's
Birthplace*Baltimore*Name of person giving
Information*Wm Beal -*How related
to deceased*no relation*

CAUSES OF DEATH

Primary

Insanition

How long

14 Days

Immediate

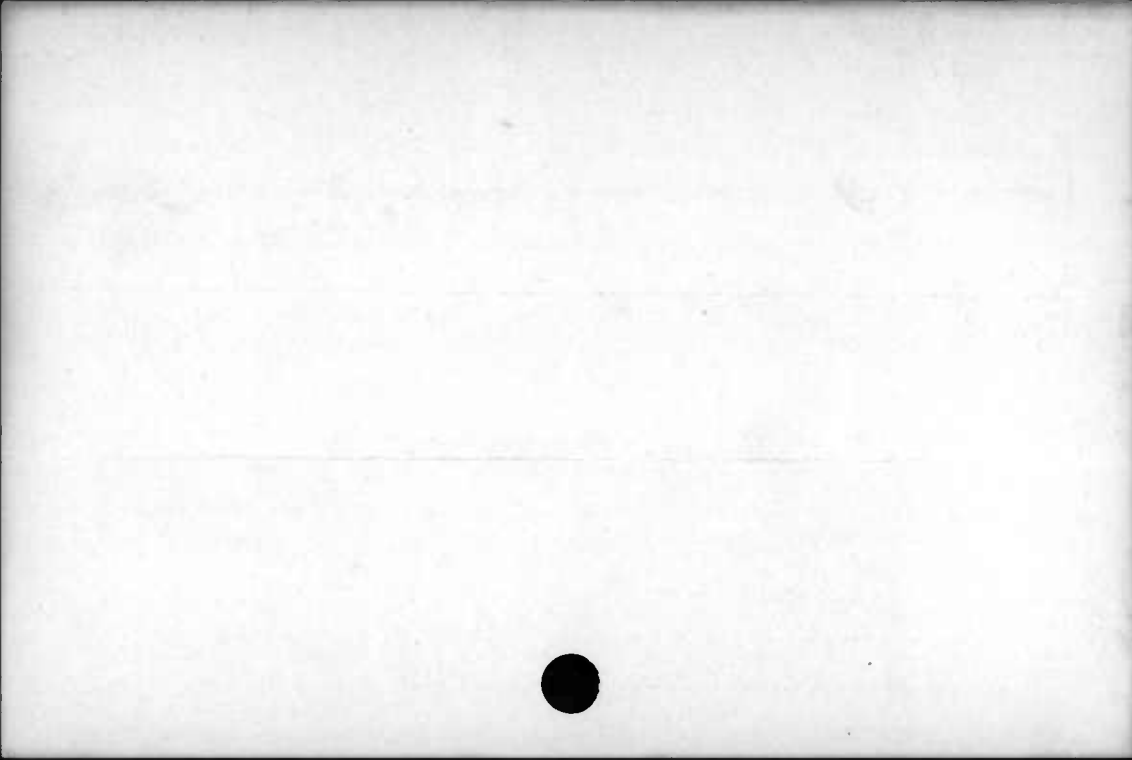
Same as above

How long

*14 Days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. F. Harrison*

Address

Lock Range~~Accident or Suicide?~~



Name in Full *John Gentrum*
 Died at *Gaithersville* ^{Town} *Baltimore* ^{County} MARYLAND
 Date *1903* ^{Month} *April* ^{Day} *5* ^{Y.} *80* ^{M.} *2* ^{D.} *15* ^{Native of} *Germany* ^{Occupation} *Gardener*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *4*

Husband of *Caroline Gentrum*
 Wife
 Father's Name *Christian Gentrum* Mother's Name *Annie Gentrum*
 Cause of Death { Primary *Arterio Sclerosis* How long sick *3 months 7 days*
 Immediate *Exhaustion* *81* ~~Accident, Suicide, Homicide~~

Reported by *George F. Taylor M.D.*
 Address *1254 N. Broadway* *Balt'more*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
in
Full

Gladys A.C. Grenger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------------------------------|----------------------------|------------------------------------|---------------------------------------|--------------|----------------------------|---------------------------|
| Died at <i>Highlandtown</i> ^{Town} | | <i>Baltimore</i> ^{County} | | MARYLAND | | |
| Date of death 190 | <i>3</i> ^{Month} | <i>Apr</i> ^{Day} | <i>5</i> ^{Years} | Age <i>3</i> | <i>—</i> ^{Months} | <i>26</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Baltimore Md</i> | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>—</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | | |
| Father's Name <i>Louis E Grenger</i> | | | Father's Birthplace <i>U S</i> | | | |
| Mother's Maiden Name <i>Annie Grenger</i> | | | Mother's Birthplace <i>U.S.</i> | | | |
| Name of person giving In formation <i>Louis E Grenger</i> | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Scurletia</i> | How long <i>2 weeks</i> |
| Immediate <i>Heart failure</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. H. Collier</i> |
| | Address <i>1810 2 Baltimore St</i> |
| Accident or Suicide? | |

Emanuel Conclery
H. Sander & Sons

Dr Callender
1810 E. Ball St,

| | | | | | | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------|---------------------------|----------|---------------------------|----------------------------|----------|
| Name in Full | | William Butcher | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Canton | | County Baltimore | | MARYLAND |
| | Date of death 1903 | | Month April | Day 4 | Age 69 | Months | Days |
| | Sex male | | Color or Race white | | Birth- place | | |
| | Married, Single or Widowed | | | | Occupation | | |
| | Name of Wife or Husband | | | | | | |
| | Father's Name | | | | | Father's Birthplace | |
| | Mother's Maiden Name | | | | | Mother's Birthplace | |
| | Name of person giving In formation | | | | | How related to deceased | |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Accidental | | | | How long |
| | Immediate | | — | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | |
| | | | | | Address | | |
| | Accident or Suicide? | | | | | | |

St Pauls Cemetery
H Sander & Sons

Smothered under earth
Cave-in.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|---------------|----------------|-----------------|---------------|
| Died at <i>West</i> ^{Town} <i>Arlington</i> ^{County} <i>Balto</i> | | MARYLAND | | | | |
| Date of death 190 <i>3</i> | Month <i>April</i> | Day <i>25</i> | Age <i>14</i> | Years <i>4</i> | Months <i>6</i> | Days <i>6</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Baltimore</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Occupation <i>None</i> | | | | | |
| Name of Wife or Husband | | | | | | |
| Father's Name <i>W. P. Heagy</i> | | Father's Birthplace <i>Baltimore</i> | | | | |
| Mother's Maiden Name <i>Jeannette C. Perry</i> | | Mother's Birthplace <i>Providence R.I.</i> | | | | |
| Name of person giving information | | How related to deceased | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Acute Tuberculosis.</i> | How long <i>1 Year.</i> |
| Immediate <i>Exhaustion.</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. Gordon Webb M.D.</i> |
| | Address <i>West Arlington Md.</i> |
| Accident or Suicide? <i>_____</i> | |



Name
in
Full

Teresa Heckman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---------------------------------------------------------------|----------------------------------|-----------------|------------------------------------|-------------------------------------------|--------------------|------------------|
| Died at <i>Middle River</i> ^{Town} | | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 190 3 | Month <i>Apr</i> | Day <i>8</i> | Age <i>76</i> | Years | Months <i>5</i> | Days <i>1</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth- place <i>Germany</i> | | | |
| Married, Single or Widowed <i>widow</i> | | | Occupation <i>Labor</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | | |
| Father's Name <i>—</i> | | | | Father's Birthplace <i>—</i> | | |
| Mother's Maiden Name <i>—</i> | | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving Information <i>Chas Han Foltz</i> | | | | How related to deceased <i>none</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------------|----------------------------------------------------|
| Primary <i>Gastritis</i> | How long <i>about one year</i> |
| Immediate <i>asthenia</i> | How long <i>3 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John W. Hammon</i> |
| | Address <i>San Officer 15 Dist</i> |
| Accident or Suicide? <i>No</i> | |



Name in Full

Certificate of Death

Mr Ella
Town

Dedrick
County

Died at *Chorin*

Taato

MARYLAND

Date 19 *03* *April* *27*

Y. M. D.

Native of

Occupation

Age *44*

Male

Mr

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living *5*

Husband of

Wife *Edward Dedrick*

Father's Name *James Hudson*

Mother's

Gemimah Hudson

Name Maiden Name *Ella Hudson*

Cause of Death { Primary *Purpural Eclampsia*

How long sick

6 weeks

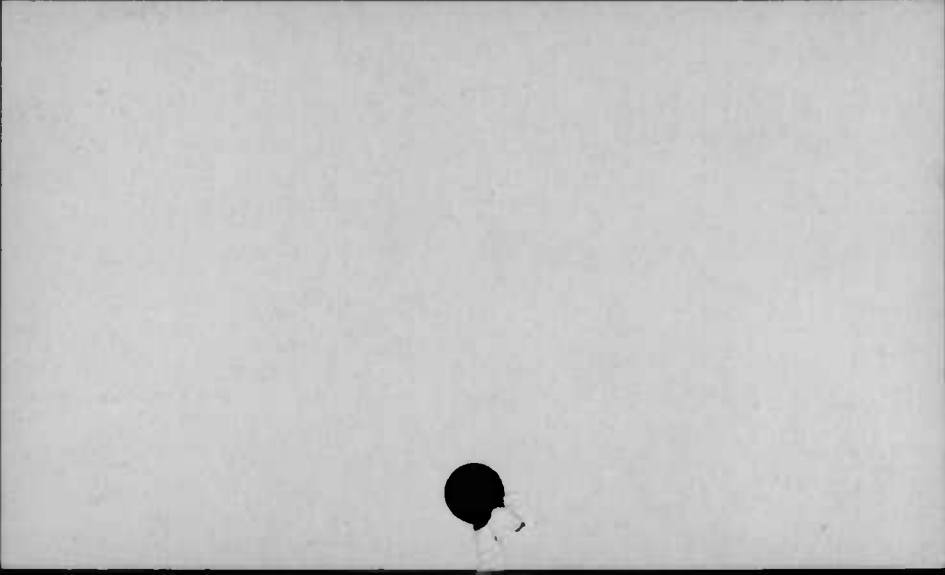
Death { Immediate *Cerebral congestion*

Accident, Suicide, Homicide

Reported by *Dr. R. Benson*

Address *Lockysville* *Balto Co. Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

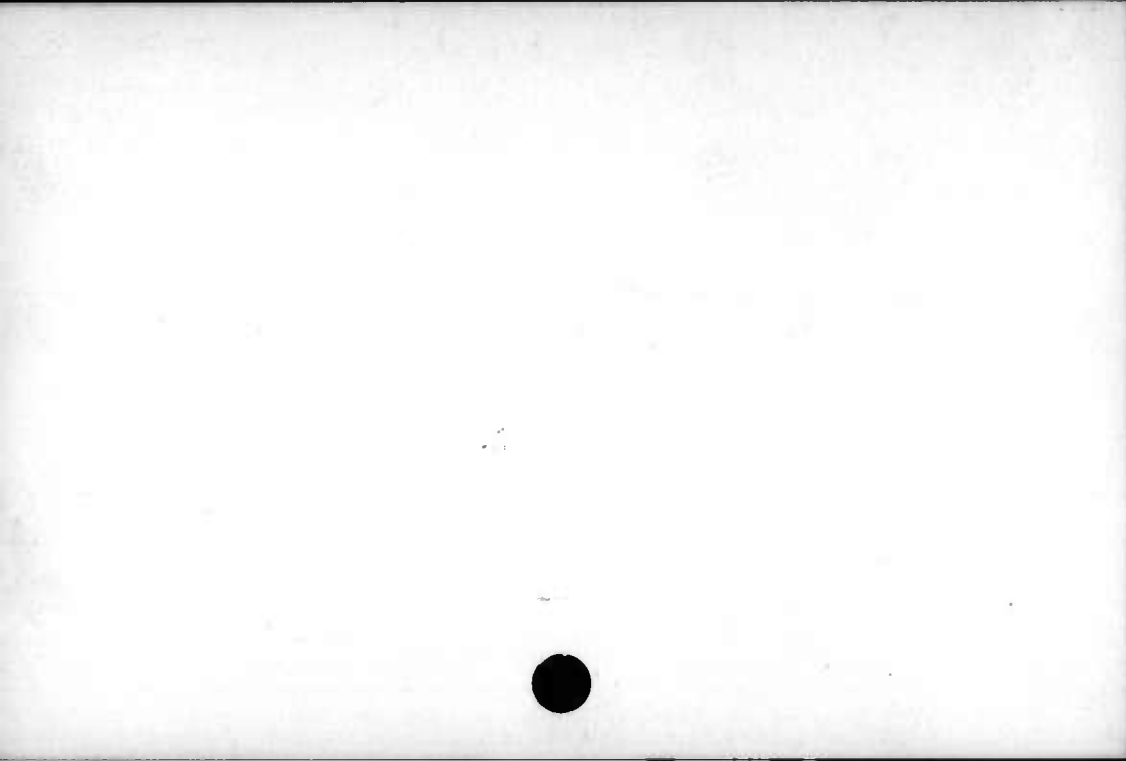
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------------|----------------------------|------------------|----------------------------|---------------|-----------------|------------|
| Died at | | Town <i>Woodensburg</i> | | County <i>Balt</i> | | MARYLAND | |
| Date of death 190 | 3 | Month 4 | Day 14 | Age | 41 | Months | Days |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth- place | <i>Ind</i> |
| Married, Single or Widowed | <i>single</i> | | | Occupation | <i>Farmer</i> | | |
| Name of Wife or Husband | | | | _____ | | | |
| Father's Name | | | | _____ | | | |
| Mother's Maiden Name | | | | <i>Margaret Jones</i> 179 | | | |
| Name of person giving In formation | | | | <i>Milton Henkle</i> | | | |
| | | | | Father's Birthplace | | | |
| | | | | Mother's Birthplace | | | |
| | | | | How related to deceased | | | |
| | | | | <i>Brother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|-------------------------------------------------------------------------|-------------------------------|---------------------------------------|
| Primary | How long | |
| Immediate | <i>Heart Failure (sudden)</i> | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician |
| | | Address |
| | | <i>224 Wilson Rd Fruitland Md</i> |
| Accident or Suicide? | | |



Name
in
Full

Catherine Mary Hennesie

CERTIFICATE OF DEATH

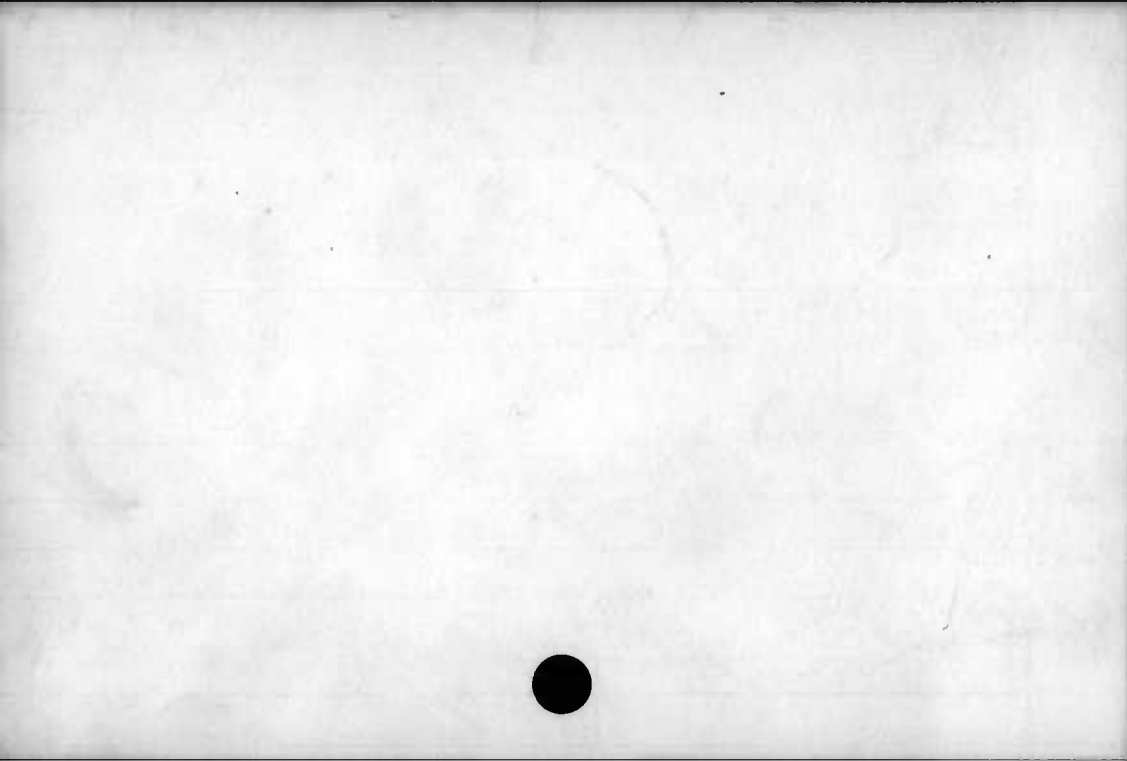
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------------------------------|-----------------------------|-------------------------|----------------------------------------|-----------------|----------------|
| Died at <i>Brikeyville</i> Town | | <i>Baltimore</i> County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>April</i> | Day <i>4</i> | Age Years <i>45</i> | Months <i>4</i> | Days <i>11</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Brikeyville Ma</i> | | |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Housewife</i> | | | | |
| Name of Wife or Husband <i>Michael Hennesie</i> | | | | | |
| Father's Name <i>Michael Doyle</i> | | | Father's Birthplace <i>Ireland</i> | | |
| Mother's Maiden Name <i>Alice Burns</i> | | | Mother's Birthplace <i>Ireland</i> | | |
| Name of person giving Information <i>Michael Hennesie</i> | | | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Phthisis Pulmonalis</i> | How long <i>4 months</i> |
| Immediate <i>Cardiac Asthenia</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. C. Monmonie M.D.</i> |
| | Address <i>Brikeyville Ma</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

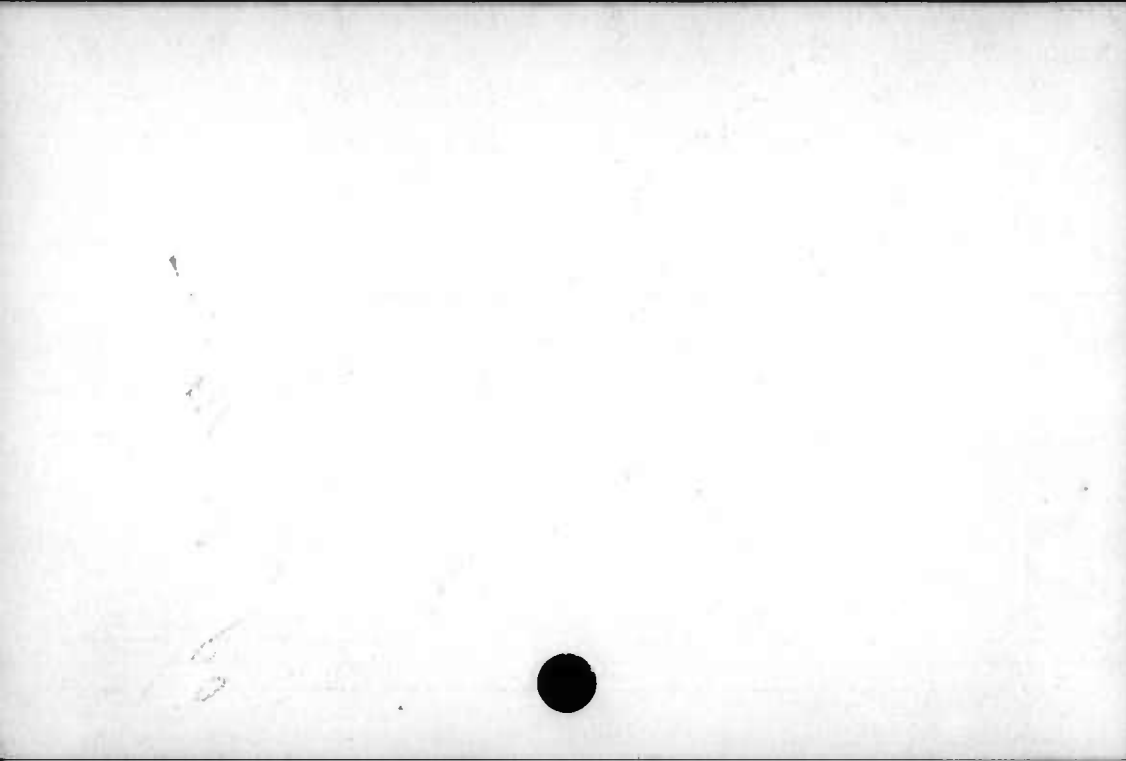
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|------------------------------------------------|--|-------------------------------|--|-------------------------------------|--|--------------------------|--|
| Name in Full <i>Annie F. Hiles</i> | | Town <i>Stegues</i> | | County <i>Danbury</i> | | State <i>Maryland</i> | |
| Died at <i>Stegues</i> | | Month <i>April</i> | | Years <i>1903</i> | | Days <i>8</i> | |
| Date of death 1903 <i>April 8</i> | | Age <i>22</i> | | Months <i>2</i> | | Days <i>22</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace <i>U. S.</i> | | | |
| Mother's Maiden Name | | | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving information <i>27</i> | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|-----------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Pulmonary Tuberculosis</i> | How long |
| Immediate <i>Fractured</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>us</i> | Signature of Physician <i>W. H. H. H. H.</i> |
| | Address <i>Stegues Danbury</i> |
| Accident or Suicide? <i>Accident</i> | |



| | | | | | | | | |
|-------------------------------------|----------------------------------------------------------------------|----------------|------------------------|-----|-------------------------|----------------------|----------------|-------|
| Name in Full | | L. Bryant Hill | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Calumet | | County | | MARYLAND | |
| | Date of death 1903 | | Month | Day | Years | Months | | Days |
| | Sex | | Male | | Color or Race | | White | |
| | Married, Single or Widowed | | Married | | Occupation | | Salesman | |
| | Name of Wife or Husband | | May E Hill | | | | | |
| | Father's Name | | William Hill | | | Father's Birthplace | | Balto |
| | Mother's Maiden Name | | May Butler | | | Mother's Birthplace | | Balto |
| Name of person giving information | | Harry Mcodemus | | | How related to deceased | | Brother in Law | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Nervous Prostration | | | How long | | |
| | Immediate | | Suicide. | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | William B. Noble | | | |
| | | | Address | | Coroner Calumet, Ind | | | |
| | | or Suicide? | | | | | | |

Stewart & Mowen
Baltimore!

Name
in
Full

CERTIFICATE OF DEATH

Daniel A. Harver

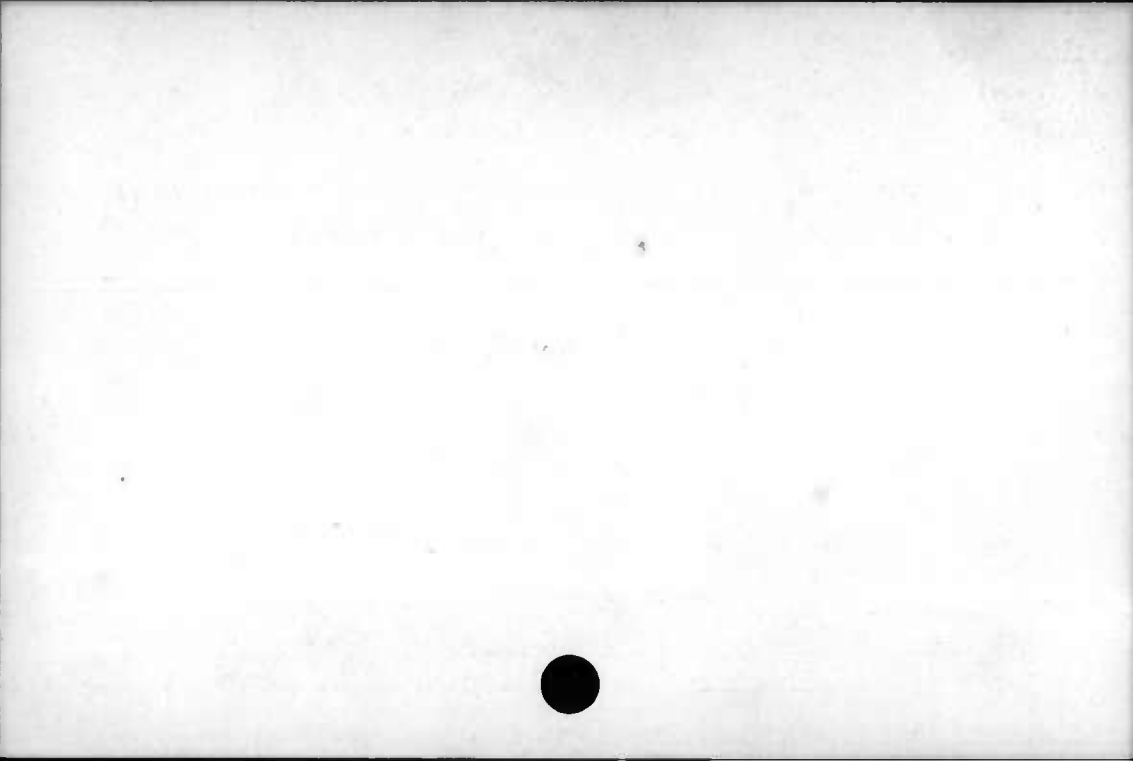
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|-----------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------|
| Died at <i>Sparrow's Point</i> ^{Town} <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>4</i> | Day <i>28</i> | Age <i>38</i> |
| Sex <i>m</i> | Color or Race <i>white</i> | Birth-place <i>Md.</i> | Months <i></i> Days <i></i> |
| Married, Single or Widow | | Occupation <i>Blacksmith</i> | |
| Name of Wife or Husband | | | |
| Father's Name | | Father's Birthplace | |
| Mother's Maiden Name | | Mother's Birthplace | |
| Name of person giving information <i>Woodward M.D.</i> | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Typhoid Fever</i> | How long <i>20 days</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Woodward M.D.</i> |
| | Address <i>Sparrow's Point, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Mrs Jane Kelly

CERTIFICATE OF DEATH

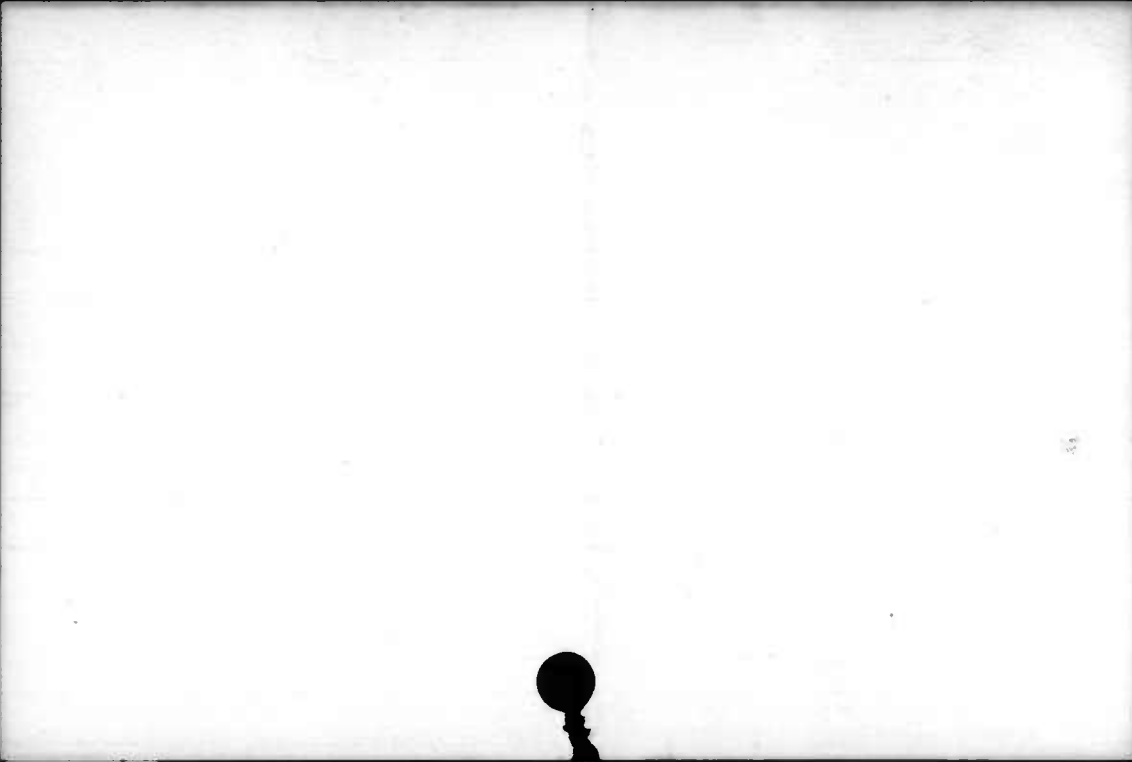
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-------------------------------------------------------------------------|-------------------------------|--------------------|--------------------------------------------|-----------------------------------------|------|----------|--|
| Died at <i>Mt Hope Retreat</i> | | Town <i>Balto-</i> | | County | | MARYLAND | |
| Date of death 1903 | Month <i>4</i> | Day <i>17</i> | Years <i>63</i> | Months | Days | | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth place <i>Ireland -</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | | | Occupation <i>Housekeeper - Widow -</i> | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace <i>Ireland</i> | | | |
| Mother's Maiden Name | | | | Mother's Birthplace <i>Ireland -</i> | | | |
| Name of person giving In formation <i>Records of Mt Hope Retreat</i> | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------|----------------------------------------------------|
| Primary <i>Melancholia - Post La Grippe</i> | How long <i>Since Jan 15 - 1903</i> |
| Immediate <i>Ex - Pul. Congestion -</i> | How long <i>4 days -</i> |
| Are the name, age, sex, color, date end place correctly given above? <i>Yes</i> | Signature of Physician <i>Frank J. Flannery</i> |
| | Address <i>Mt Hope Retreat Mt Hope Md.</i> |
| Accident or Suicide? | |



Stevenson Arthur Knox

Town

County

Died at

MARYLAND

Lauraville

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 22

Age

26

Lauraville

Clerk

Male

White

Married

Widow

~~Divorced~~

Female

male

~~White~~

Single

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Chas H. Knox

Mother's

Maiden Name

Susan R. Erdman

Cause of

Primary

Blood Poisoning

How long sick

One year & two months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Rev. Jesse W. Norris

Written

Address

Harford & Lake Ave.

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Gertrude Lambrot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------------------|---------------------------------|------------------------------------|---------------------------------------|------------------|----------------------------|
| Died at ^{Town} <i>Arlington</i> | | ^{County} <i>Baltimore</i> | | MARYLAND | |
| Date of death 190 | ^{Month} <i>3 April</i> | ^{Day} <i>15</i> | ^{Age} <i>1</i> | ^{Years} | ^{Months} <i>4</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Baltimore, Md.</i> | | |
| Married Single or Widowed | | | Occupation <i>none</i> | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>John P. Lambrot</i> | | | Father's Birthplace <i>Ind</i> | | |
| Mother's Maiden Name <i>Ella Gregory</i> | | | Mother's Birthplace <i>Ind.</i> | | |
| Name of person giving information <i>John P. Lambrot</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------------------|--------------------------------------------------|
| Primary <i>Pneumonia</i> | How long <i>8 Days</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>C. K. Juncos, M.D.</i> |
| | Address <i>1202 Argyle Ave Balto, Md.</i> |
| Accident or Suicide? | |

Burial at

Cook

Lorraine Cemetery

Name
in
Full

Nora Emma Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------------------|------------------------------|-------------------------|--------------------------------------------|-----------------------------------------------|---------------|-----------------|----------------|
| Died at <i>Gorseuch Mills</i> | | County <i>Baltimore</i> | | MARYLAND | | | |
| Date of death 190 | 3 | Month <i>Sept</i> | 4 | Day <i>23</i> | Age <i>12</i> | Months <i>7</i> | Days <i>24</i> |
| Sex <i>Female</i> | Color or Race <i>African</i> | | Birth-place <i>Pa. near Gorseuch Mills</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Occupation <i>None</i> | | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>Lafayette Lewis</i> | | | | Father's Birthplace <i>Harford Co.</i> | | | |
| Mother's Maiden Name <i>Rebecca Lewis</i> | | | | Mother's Birthplace <i>Bald Co.</i> | | | |
| Name of person giving Information <i>Edward Grunsky</i> | | | | How related to deceased <i>Brother in law</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <i>Phthisis</i> | How long <i>six months</i> |
| Immediate <i>Phthisis</i> | How long <i>six months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Erano M. J. ...</i> |
| | Address <i>Stewartstown York Co Pa.</i> |
| Accident or Suicide? | |



Name
in
Full

Lucy F. Limerick

Batto

45

CERTIFICATE OF DEATH

Town

County

Died at

Hyde

Batto

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

April

24

Age

60

2

4

Sex

Female

Color or
Race

white

Birth-
place

Virginia

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Chas. T. Limerick

Father's
Name

Thos. Robinson

Father's
BirthplaceMother's
Maiden Name

Eliza Chilton

Mother's
BirthplaceName of person giving
In formation

John H. Taylor

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

Pneumonia

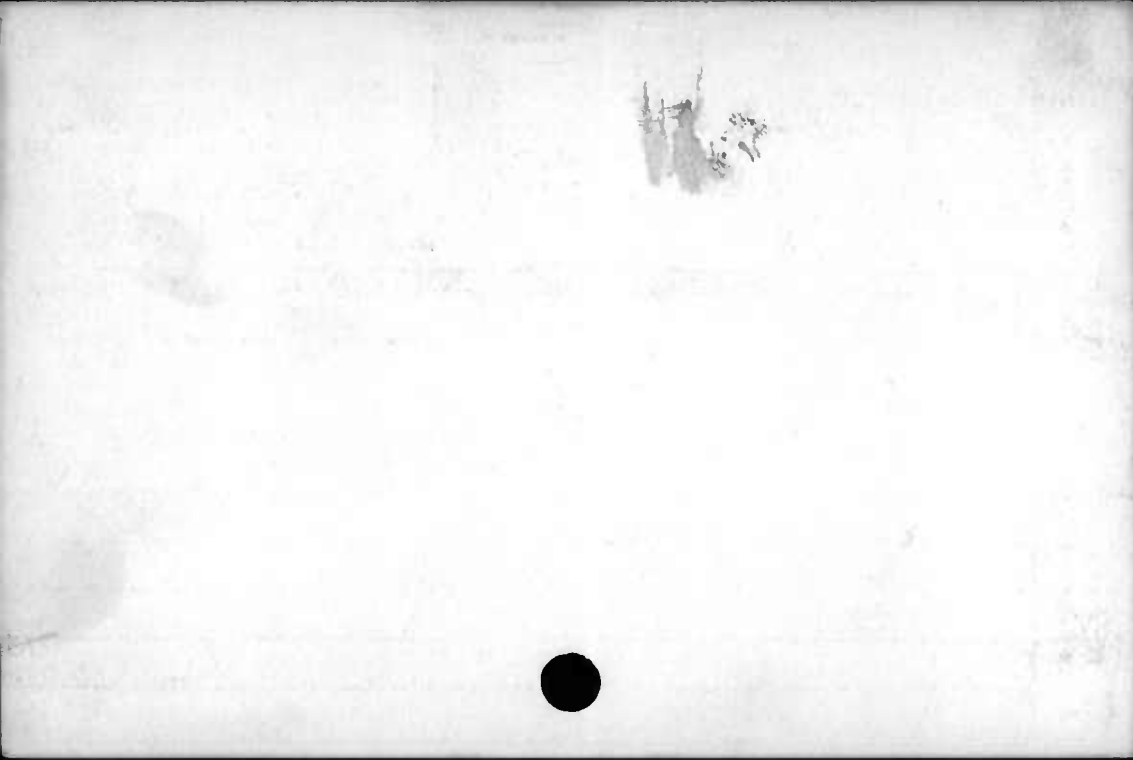
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Paul James Manner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cawings Mills^{County} Baltimore

MARYLAND

Date of death 1903 ^{Month} April ^{Day} 24 ^{Years} 35

Age 15

^{Months} 11^{Days} 6

Sex Male

Color or Race White

Birth-place Baltimore

Married, Single or Widowed Single

Occupation Graduate of Asylum for Feeble Minded

Name of Wife or Husband

Father's Name Albert Manner 69

Father's Birthplace -

Mother's Maiden Name Emma Manner

Mother's Birthplace -

Name of person giving information Frank Keating M.D.

How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epilepsy

How long From Infancy

Immediate "Status Epilepticus" & Exhaustion

How long Two days

Are the name, age, sex, color, date and place correctly given above? Yes

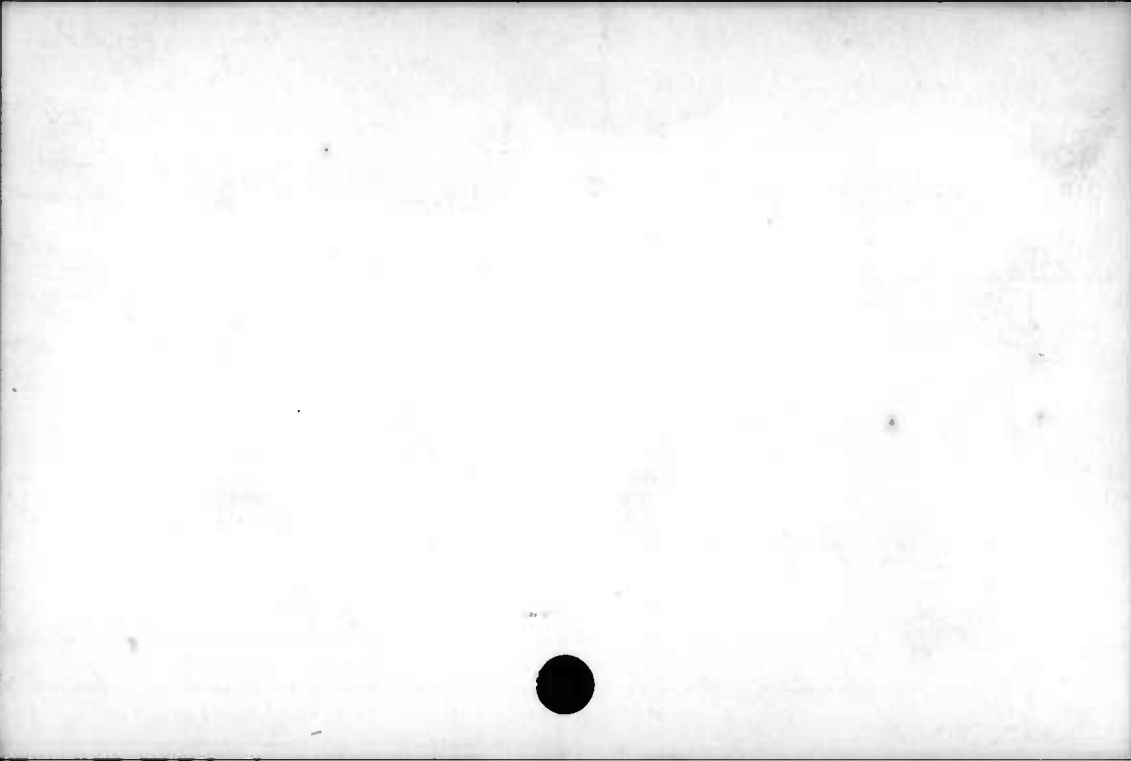
Signature of Physician Frank Keating M.D.

Address

Cawings Mills

Accident or Suicide? No

May 1st 1903



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Jarrett Miller
Ballo ^{Town} Co. ^{County} Almshouse

MARYLAND

Date

of death 190

3

Month

4

Day

13

Years

Age 55

Months

Days

Sex

Male

Color or
Race

Negro

Birth-
place

Ballo. Co Md.

Married, Single
or Widowed

Do not know

Occupation

Cook

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Locondor Ataxia

How long

about 6 mos.

Immediate

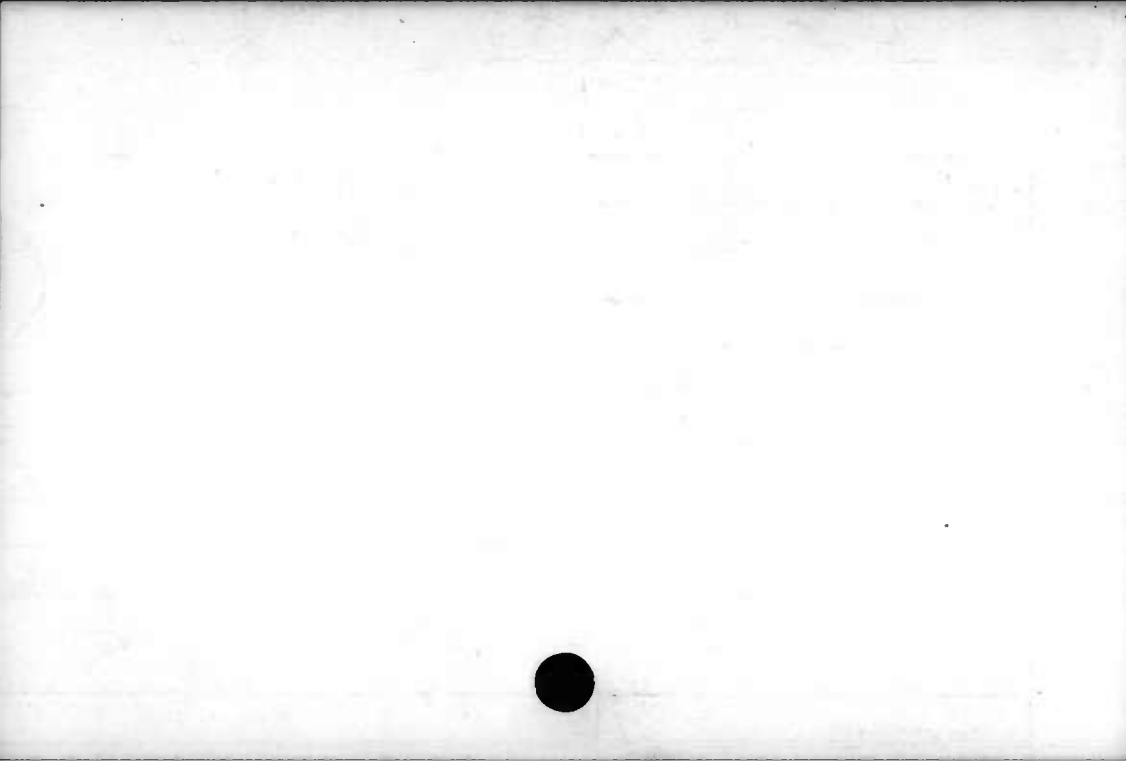
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. Thos. C. Bussey
Texas
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



| | | | | | | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------|------------|------------------------|------------------------|-------------------------|-------------|
| Name in Full | | Robert L. Monroe | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Highlandtown | | County Baltimore | | MARYLAND | |
| | Date of death 190 | 3 | Month 4 | Day 5 th | Years 5 | Months 7 | Days 16 |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | Married, Single or Widowed | | Occupation | | | | |
| | Name of Wife or Husband | | | | | | |
| | Father's Name | Robert E. Monroe | | | | Father's Birthplace | Md. |
| | Mother's Maiden Name | | | | | Mother's Birthplace | |
| Name of person giving information | | J. Herwig & Son | | | | How related to deceased | none |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Diphtheria | | | | How long | 4 wks |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | J. M. Caruther M.D. | |
| | | | | | Address | 2229 E. Baltimore St. | |
| Accident or Suicide? | | | | | | | |

J. Herwig & Son
Evergreen Cemetery

Name
in
Full

CERTIFICATE OF DEATH

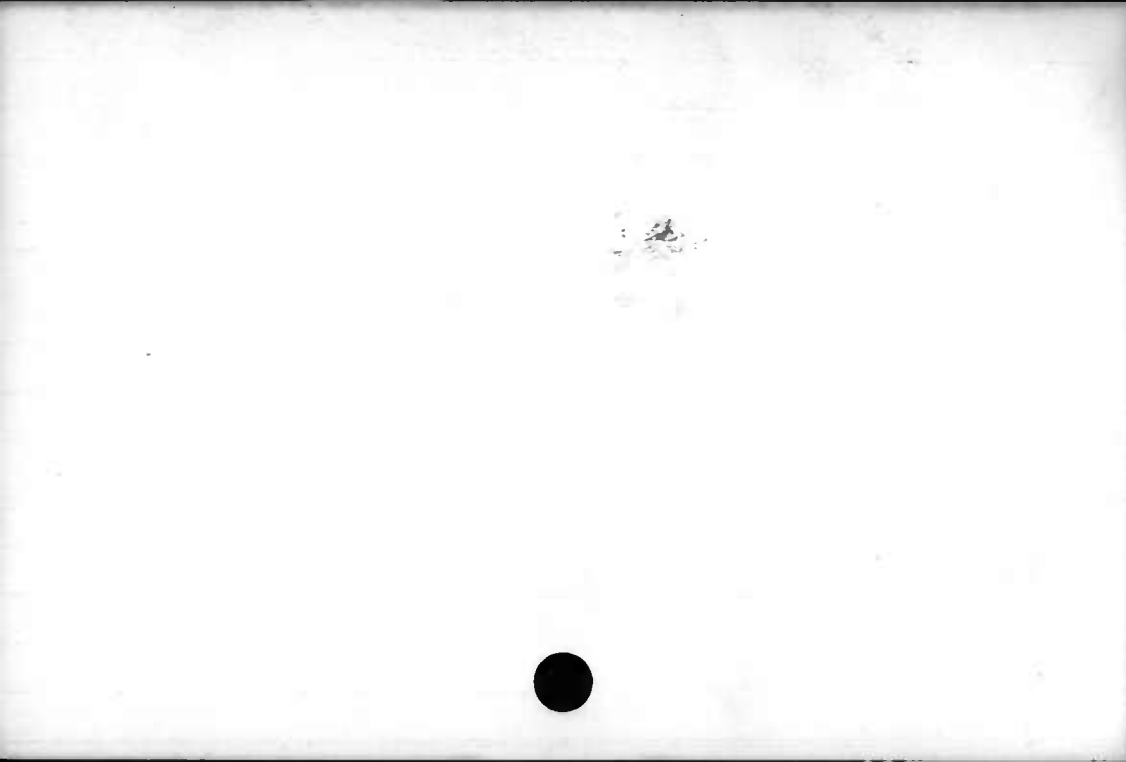
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|--------|------------|---------------|------------|--------|-------------------------|-----|---------|--|
| Died at | | Mary Myres | | County | | BALTO. Co. Annapolis | | MAYLAND | |
| Date | Month | Day | Age | Years | Months | Days | | | |
| of death 190 | 3 | 4 | 13 | 61 | | | | | |
| Sex | Female | | Color or Race | white | | Birth-place | Md. | | |
| Married, Single or Widowed | | | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | | | |
| Father's Name | | | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | | | |
| Name of person giving information | | | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|----------------------------------------------------------------------|-----------|------------------------|---------------------|---------|
| Primary | Apoplexy | | How long | |
| Immediate | Paralysis | | How long | 10 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Dr. Thos. C. Bussey | |
| | | Address | Texas | |
| | | | Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

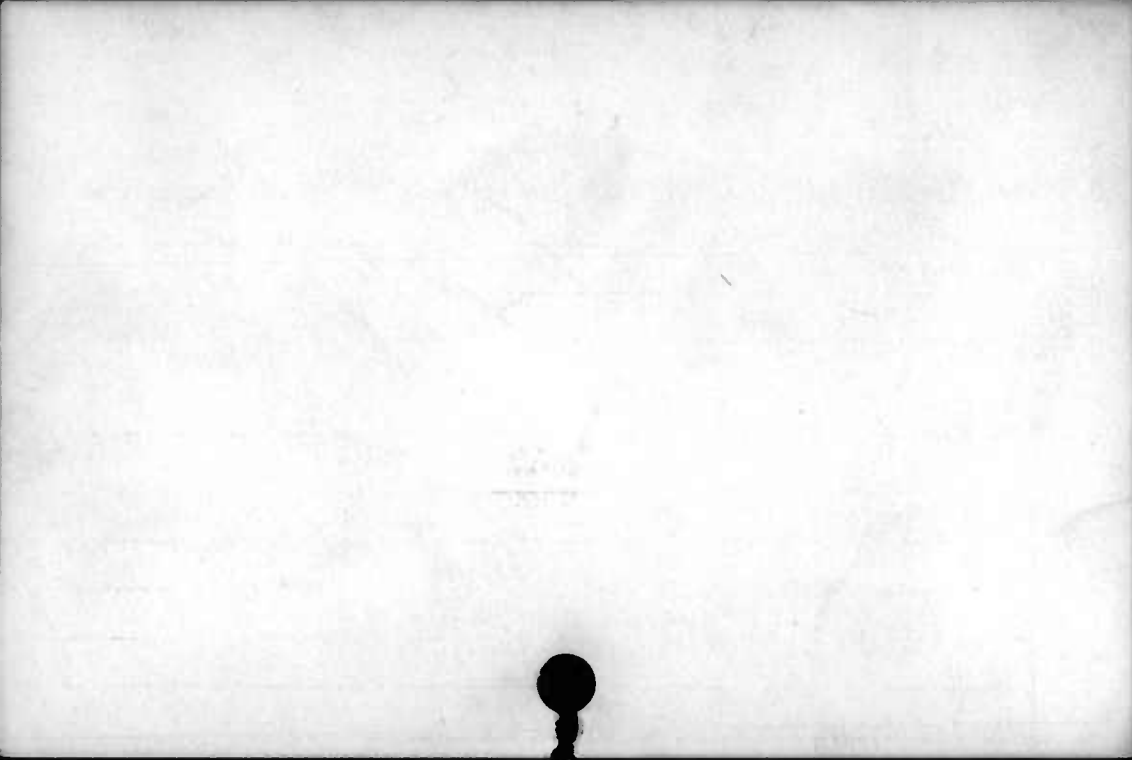
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------------------------------------------------------------------|--|------------------------------------|--|------------------------------------|--|
| Died at <i>Upper Falls</i> ^{Town} | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> ^{Month} <i>4</i> ^{Day} <i>28</i> ^{Years} <i>74</i> | | Months | | Days | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | |
| Married, Single or Widowed <i>Married</i> | | Occupation | | | |
| Name of Wife or Husband <i>Agnes Nichols</i> | | | | | |
| Father's Name | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information <i>James Nichols</i> | | | | How related to deceased <i>Son</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|----------------------------------------------|
| Primary <i>Tuberculosis. Abdominal</i> <i>20</i> | How long <i>3 years</i> |
| Immediate <i>Diarrhea Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. M. Allwater</i> |
| | Address <i>Upper Falls</i> |
| Accident or Suicide? | <i>md</i> |



Name In Full

Certificate of Death

Died at

James Joseph O'Neil
 Town *Greenbush* County *Butte*
 Date 1903. Month *Apr* Day *27* Y. *55* M. *55* D. *55*
 Name of *Embala* Occupation *U.S. Inspector Customs*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *104*

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick -

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-18



Name
in
Full

CERTIFICATE OF DEATH

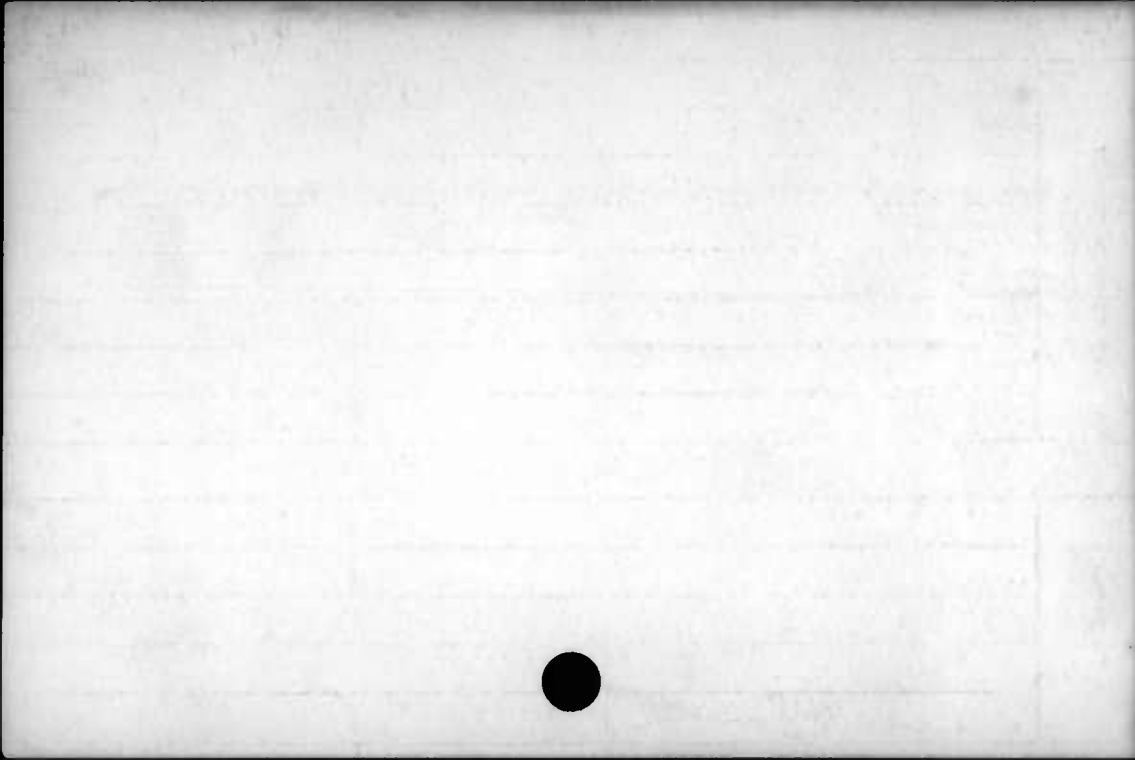
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-------------------------------------------------------|----------------------------|-------------------------|---------------------------------------|-----------------|----------------|
| Died at <i>Trumph</i> Town | | <i>Baltimore</i> County | | MARYLAND | |
| Date of death 1903 | Month <i>4</i> | Day <i>28</i> | Age <i>—</i> Years | Months <i>—</i> | Days <i>25</i> |
| Sex <i>female</i> | Color or Race <i>white</i> | | Birth-place <i>Trumph</i> | | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Adam Paff</i> | | | Father's Birthplace <i>Germany</i> | | |
| Mother's Maiden Name <i>Belinda Tracey</i> | | | Mother's Birthplace <i>Ind.</i> | | |
| Name of person giving information <i>Betinda Paff</i> | | | How related to deceased <i>mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Premature Birth</i> | How long <i>—</i> |
| Immediate <i>Cyanosis</i> | How long <i>3 inches</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. Millard Sterling</i> |
| | Address <i>Shane</i> |
| Accident or Suicide? | <i>YMM</i> |



Name in Full

Certificate of Death

Leonard Parks

Town

County

Died at Timonium

Baltimore

MARYLAND

| Date | Month | Day | Y. | M. | D. | Native of | Occupation |
|-------------------|--------------------|-------------------|--------------------|----------|---------------------------|-----------|------------|
| 1903 | April | 10 | 1 | - | - | Ind | - |
| Male | White | Married | Widow | Divorced | Number of children living | | |
| Female | Colored | Single | Widower | | | | |

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY B. 6344-70000

To be buried at
Mays. chapel
April 17.

2-1-17

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

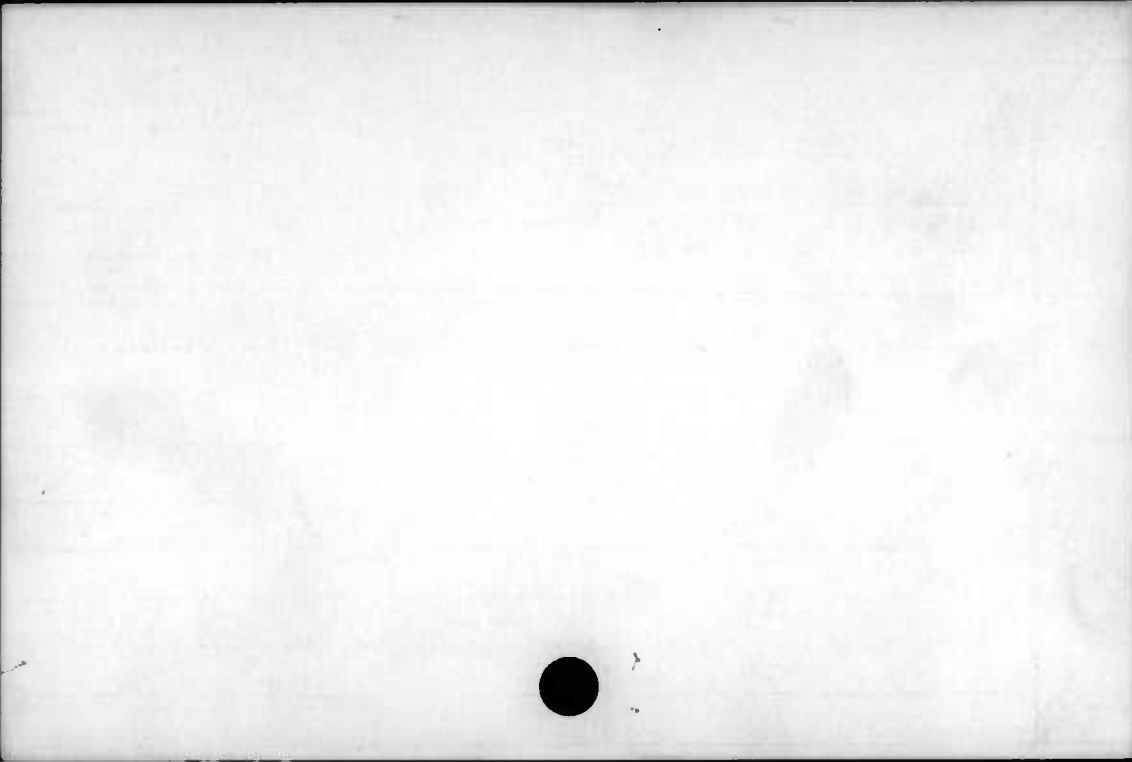
| | | | | | |
|---------------------------------------------------------|----------------------------|-------------------------|---------------------------------------|-----------------|---------------|
| Died at <i>Rockland</i> Town | | <i>Baltimore</i> County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>4</i> | Day <i>28</i> | Age <i>2</i> Years | Months <i>—</i> | Days <i>—</i> |
| Sex <i>female</i> | Color or Race <i>white</i> | | Birth-place <i>Rockland</i> | | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Warfield Price</i> | | | Father's Birthplace <i>Baltimore</i> | | |
| Mother's Maiden Name <i>Minnie Price</i> | | | Mother's Birthplace <i>Baltimore</i> | | |
| Name of person giving information <i>Warfield Price</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <i>Accidental drowning</i> | How long <i>—</i> |
| Immediate <i>Inquest held by J. H. Corner, J.P.</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>William J. Zerk</i> |
| | Address <i>111 Washington St</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

CERTIFICATE OF DEATH

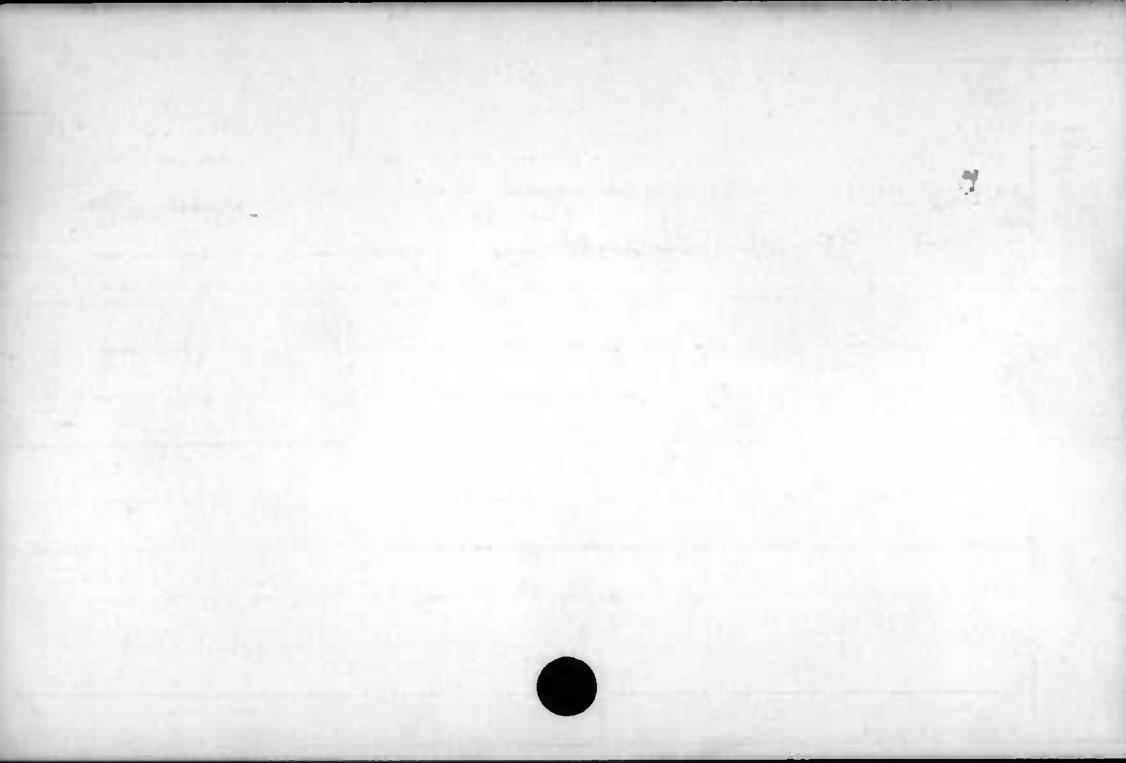
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------------------|----------------------------|-------------------------|---------------------------------------|----------|------|
| Died at <i>Rockland</i> Town | | <i>Baltimore</i> County | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>4</i> | Day <i>28</i> | Age <i>3</i> Years | Months | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Rockland</i> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Warfield Pierce</i> | | | Father's Birthplace <i>Baltimore</i> | | |
| Mother's Maiden Name <i>Minnie Pierce</i> | | | Mother's Birthplace <i>Baltimore</i> | | |
| Name of person giving information <i>Warfield Pierce</i> | | | How related to deceased <i>father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|
| Primary | <i>Accidental drowning</i> | How long |
| Immediate | <i>Suggest held by J. H. Beyer J.D.</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>William J. Todd</i> |
| | | Address <i>W. Washington Md</i> |
| Accident or Suicide? | | |



Name in Full

Certificate of Death

Martina Price

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4 21

Age

11 22

Ind

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

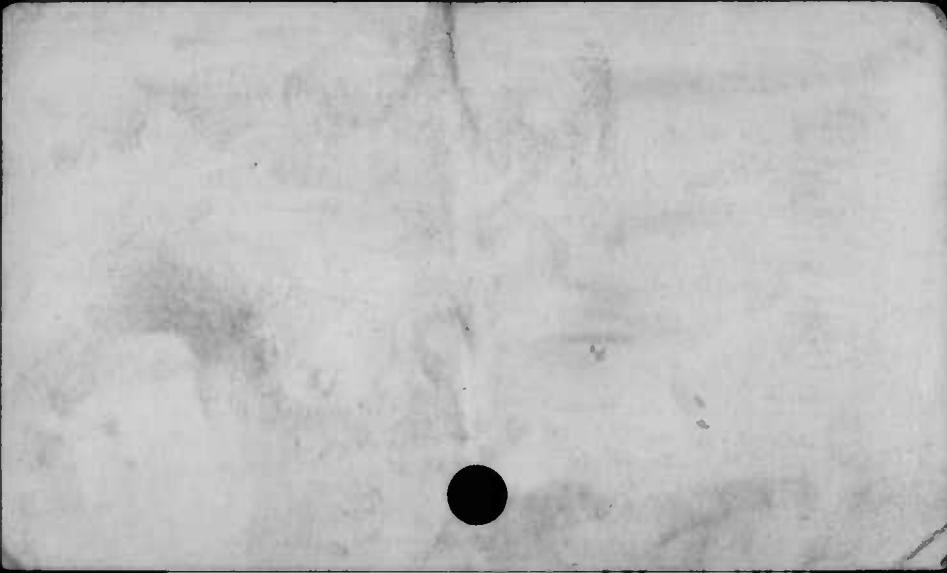
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full~~Geo~~ *Geo* *Reese*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------|--------------------------------------|-------------------------------|-------------------------------------|----------|------|
| Died at <i>Fullerton</i> ^{Town} | | <i>Buho</i> ^{County} | | MARYLAND | |
| Date of death 190 | <i>3</i> ^{Month} <i>Apr</i> | Day <i>1st</i> | Age <i>35</i> ^{Years} | Months | Days |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>Tailor</i> | | | |
| Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>Chas Reese</i> | | | Father's Birthplace <i>Germany</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace <i>Germany</i> | | |
| Name of person giving information <i>Frank Lussauer</i> | | | How related to deceased <i>none</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|
| Primary | <i>47</i> | How long |
| Immediate <i>Acute Typhoid</i> | | How long <i>6 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Geo F Conner MD</i> | |
| | Address <i>Gardenville MD</i> | |
| Accident or Suicide? | | |

St Joseph
County

Private Cemetery
One Place

Christian Miller
Undertaker

2334 Jefferson St

Name in Full

John Riley

Certificate of Death

Town

County

Died at

Near Hereford

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 Apr

30th

Age

92

--

Baltimore

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Jane Riley

~~Wife~~~~Partner's~~

Name

of Person giving information

~~Mother's~~

Name

Emory Riley

Son

Cause of

Primary

Senile Decay

How long sick

8 weeks

Death

Immediate

Gangrene

~~Accident Suicide Homicide~~

Reported by

Dr. S. W. Hunter

Address

Parkton

Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706



Name
in
Full

CERTIFICATE OF DEATH

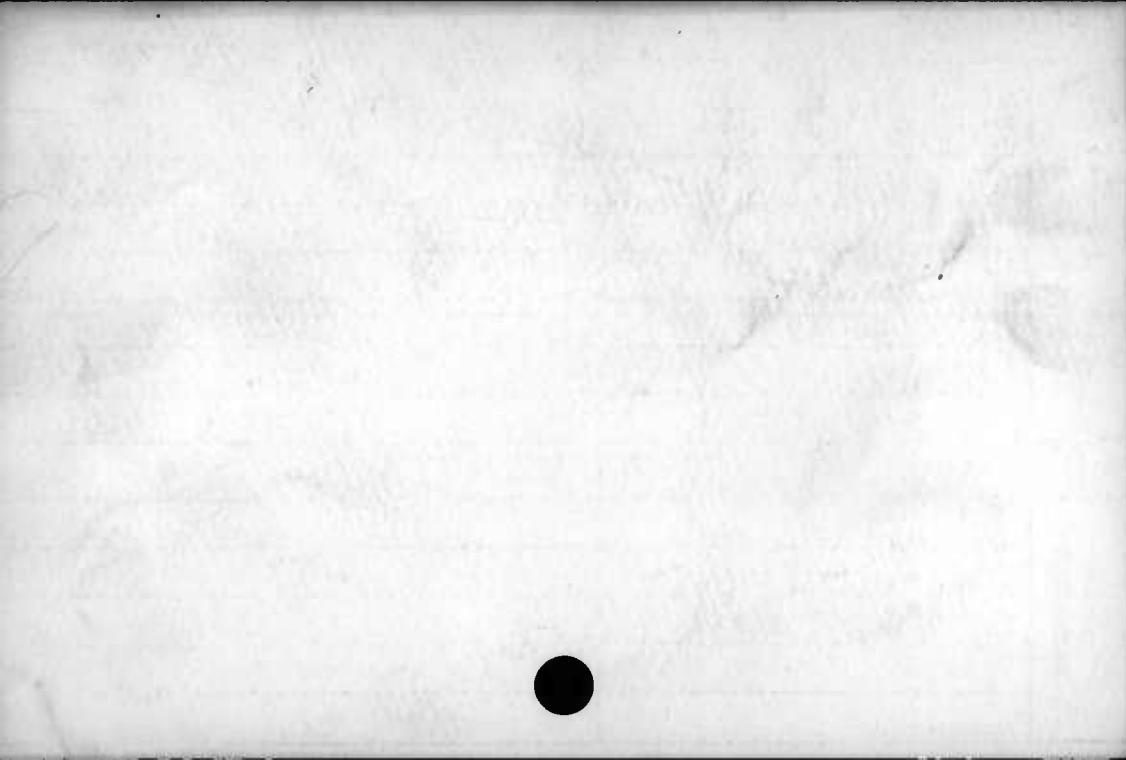
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-------------------------------------------------------|----------------------------|----------------------|-------------------------------------|----------|-----------------|
| Died at <i>Leatherville</i> Town | | <i>Balto.</i> County | | MARYLAND | |
| Date of death 1903 | Month <i>4</i> | Day <i>27</i> | Age <i>55</i> | Years | Months <i>1</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Balto Co</i> | | |
| Married, Single or Widowed <i>married</i> | | | Occupation <i>Blacksmith</i> | | |
| Name of Wife or Husband <i>Mary Robinson</i> | | | | | |
| Father's Name <i>Daniel Robinson</i> | | | Father's Birthplace | | |
| Mother's Maiden Name <i>Margaret Robinson</i> | | | Mother's Birthplace | | |
| Name of person giving information <i>May Robinson</i> | | | How related to deceased <i>wife</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|-----------------------|
| Primary | <i>Pulmonary Tuberculosis</i> | How long | <i>about 10 years</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>B. F. Burrell M.D.</i> | |
| | | Address <i>Texas M.D.</i> | |
| Accident or Suicide? | | | |



Name

in
Full

CERTIFICATE OF DEATH

John Robert Rudiger of A.

Town

County

Died at

Towson

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

4

30

Age

0

1

18

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married Single
or Widowed

Occupation

Infant

Name of Wife or
HusbandFather's
Name

John J. Rudiger of A.

Father's
BirthplaceMother's
Maiden Name

Katie Schneider

Mother's
BirthplaceName of person giving
Information

John J. Rudiger

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

6 hours

Immediate

Cardiac Asthenia

How long

20 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

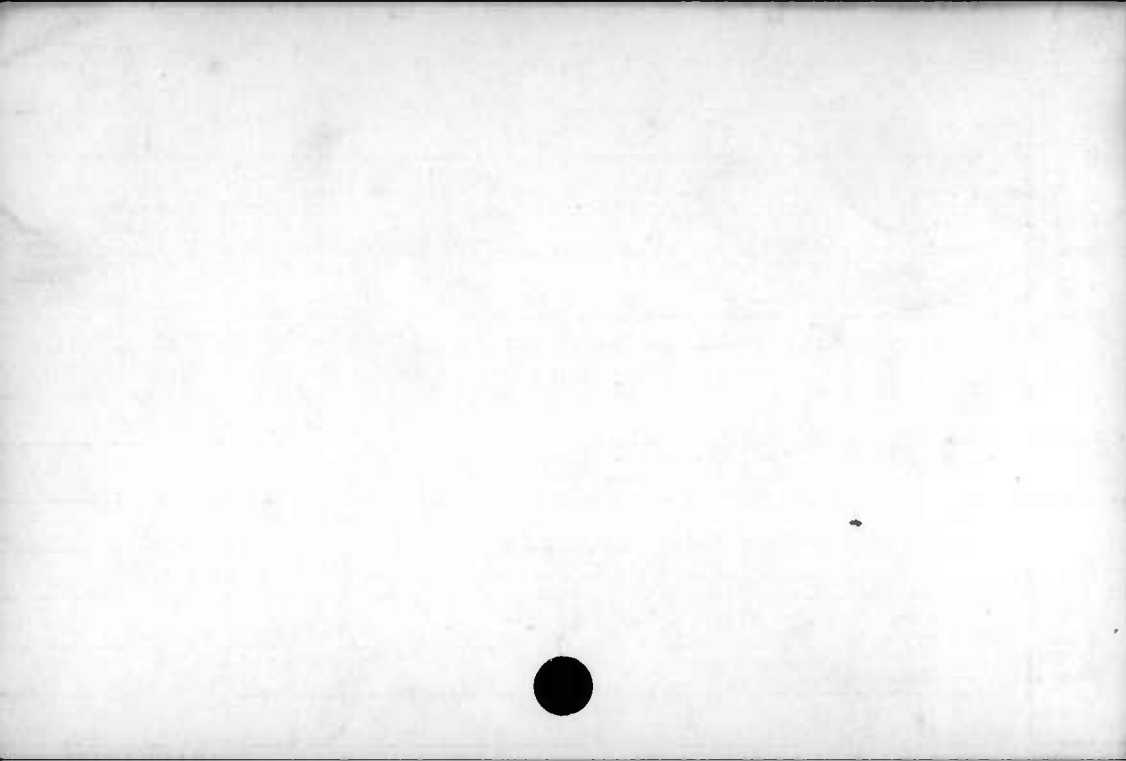
Signature of
Physician

Address

J. Rayston Green M.D.
Towson Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jacob F. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------|----------------|---------------|------------|---------|-------------------------|---------|
| Died at | | 705 Clinton St | | Baltimore | | MARYLAND | |
| Date | Month | Day | Years | Months | Days | | |
| of death 190 | 3 | 4 | 28 | Age 65 | | 11 | |
| Sex | Male | | Color or Race | White | | Birth-place | Germany |
| Married, Single or Widowed | Single | | | Occupation | Laborer | | |
| Name of Wife or Husband | Catherine | | | | | | |
| Father's Name | | | | | | Father's Birthplace | Germany |
| Mother's Maiden Name | | | | | | Mother's Birthplace | " |
| Name of person giving information | Family | | | | | How related to deceased | - |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------|------------------------|---------------------|
| Primary | Phosphy Paralysis | How long | 1 week |
| Immediate | | How long | " |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | E. J. [unclear] |
| | | Address | 1147 Chesapeake St. |
| Accident or Suicide? | | | |

Mount Carmel Cem

May 1st 1903

J P Nicolaus + son

1820 Canton Ave

Peter Souble

Town *Dover* County *Balt* MARYLAND

Died at *Dover* *Balt*

Date 19 *03* Month *4* Day *13* Age *67.* Y. M. D. Native of Occupation *Laborer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *2*

Husband of _____
Wife of _____

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary _____ Immediate *Heart disease* *179* } How long sick *suddenly*
Accident, Suicide, Homicide ☒

Reported by *John Wilson*

Address *Farmersburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Kunigunda Schmidt-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------|----------------------------|----------------------------|---------------------------------------|------------------|---------------|
| Died at <u>Canton</u> Town | | <u>Baltimore</u> County | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>Apr.</u> | Day <u>24</u> ^h | Age <u>1</u> Years | Months <u>10</u> | Days <u>—</u> |
| Sex <u>Female</u> | Color or Race <u>white</u> | | Birth-place <u>Maryland</u> | | |
| Married, Single or Widowed <u>single</u> | | Occupation <u>home</u> | | | |
| Name of Wife or Husband <u>_____</u> | | | | | |
| Father's Name <u>John Schmidt-</u> | | | Father's Birthplace <u>Germany</u> | | |
| Mother's Maiden Name <u>Margaret-Moegel</u> | | | Mother's Birthplace <u>Germany</u> | | |
| Name of person giving information <u>John Schmidt-</u> | | | How related to deceased <u>Father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|-------------------------------------------|
| Primary <u>concussion following injury</u> | How long |
| Immediate <u>to head - from - fall down stairs</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>E. H. Wiley</u> |
| <u>166</u> | Address <u>2. Hudson St</u> |
| Accident or Suicide? <u>No</u> | |

Germanus France

Sacred Heart Cemetery

April 25th

Name
in
Full

John Schrenker

CERTIFICATE OF DEATH

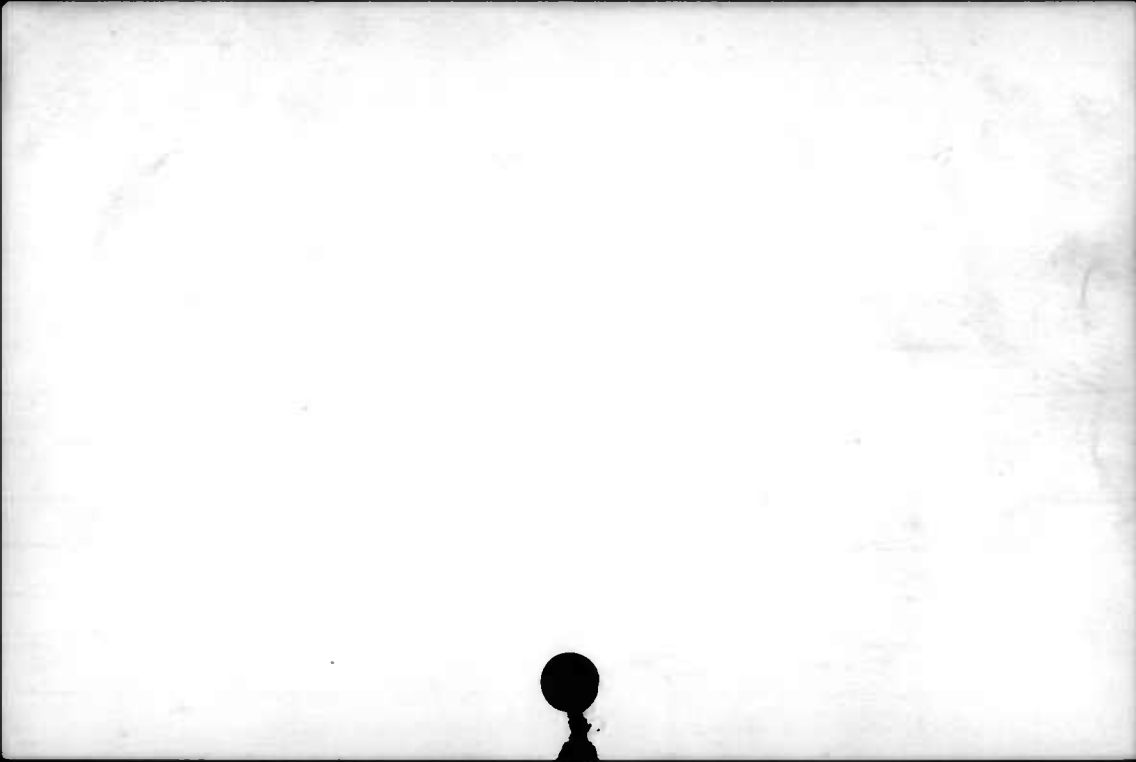
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---------------|-----|-------------------------|--------|--------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1903 | | Month | Day | Year | Months | Days | |
| Sex | | Color or Race | | Age | | Birth-place | |
| Male | | White | | One | | Baltimore Co | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| John Schrenker | | | | Baltimore Co. | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Agnes Schrenker Agnes Kunkel | | | | Baltimore city | | | |
| Name of person giving information | | | | How related to deceased | | | |
| John Schrenker | | | | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|---------------------------------------------------------------|------------------------|-------------------------|
| Primary | Anemia & Diphtheria, complicated with Echinocystis ulceration | How long | About 3 months |
| Immediate | Diphtheria | How long | About ten days |
| Are the name, age, sex, color, date and place correctly given above? | Yes. | Signature of Physician | A. R. Clewell, Jr. D. |
| | | Address | 1741 Hayford ave, Balt. |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Scott

Died at ^{Town} Park Heights Ave^{County} Balto.

MARYLAND

Date
of death 190 3

Month

4

Day

20th

Age

Years

Months

2

Days

7

Sex

Female

Color or
Race

White

Birth-
place

Brooklyn N.Y.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Wm. E. Scott.

Father's
BirthplaceMother's
Maiden Name

Edith E Baker

Mother's
BirthplaceName of person giving
In formation

H. G. Baker

How related
to deceased

CAUSES OF DEATH

Primary

malnutrition

How long

since birth

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

W. D. Barker

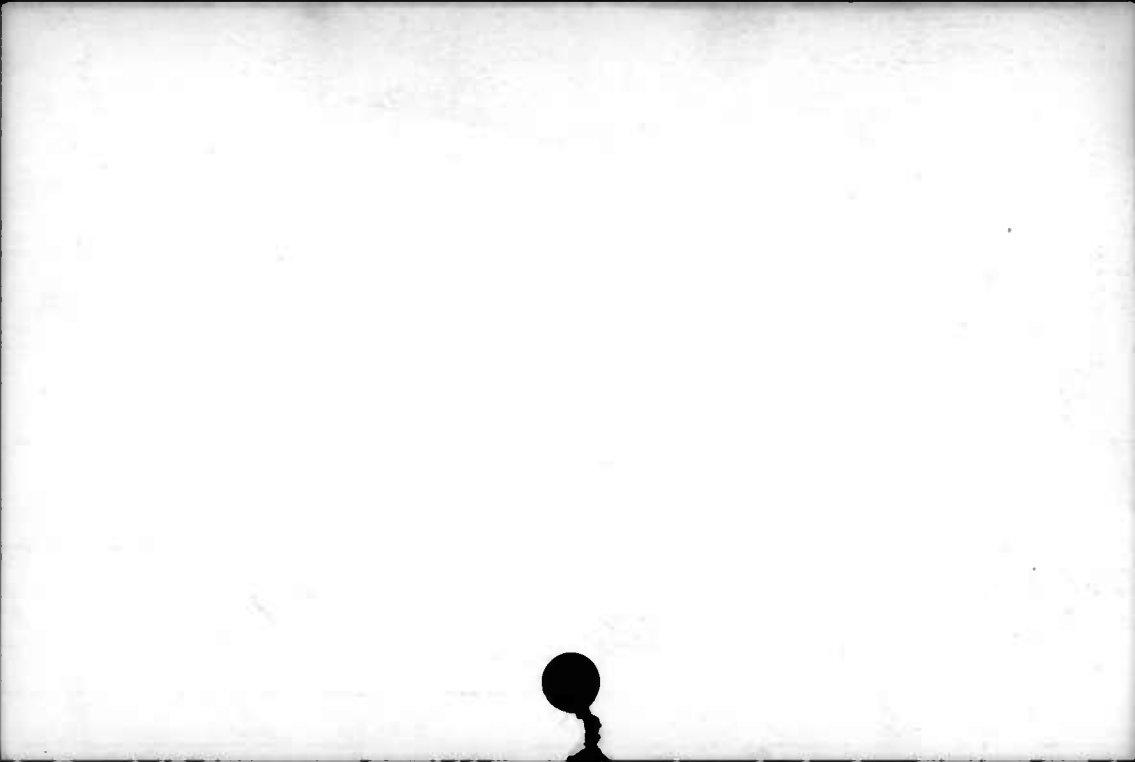
Address

208 W. Monument St.

Accident or Suicide?

PHYSICIAN
OR CORONER

files 1903



Name
in
Full

CERTIFICATE OF DEATH

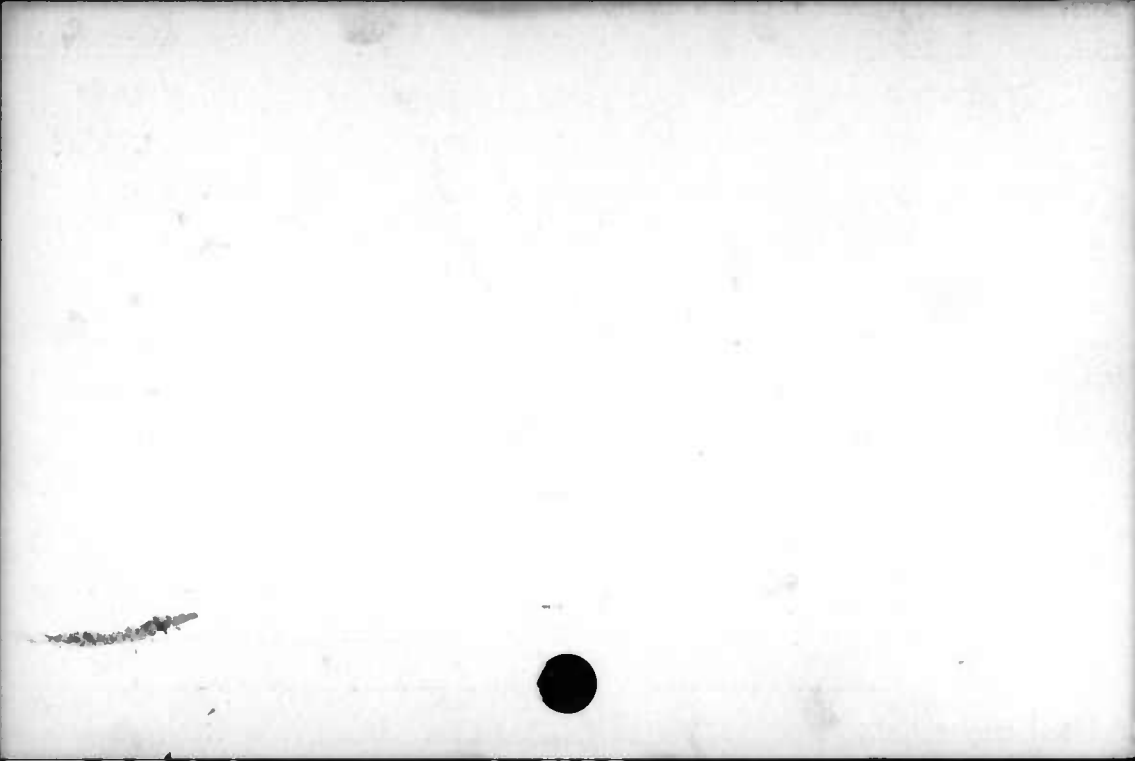
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-------------------------------------------------------------|--|---------------------------------|--|------------------------------------------------|--|--------------------|--|
| Name in Full <i>Infant Smith</i> | | Town <i>St Georges</i> | | County <i>Baltimore</i> | | MARYLAND | |
| Died at <i>St Georges</i> | | Month <i>April</i> | | Day <i>14</i> | | Years <i>14</i> | |
| Date of death 190 <i>3</i> | | Month <i>April</i> | | Day <i>14</i> | | Age <i>14</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Balto co Md</i> | | | |
| Married, Single or Widowed <i>Single</i> | | | | Occupation _____ | | | |
| Name of Wife or Husband _____ | | | | | | | |
| Father's Name <i>Joseph Smith</i> | | | | Father's Birthplace <i>Balto. co. Md</i> | | | |
| Mother's Maiden Name <i>Annie Diggs</i> | | | | Mother's Birthplace <i>Balto co Md</i> | | | |
| Name of person giving information <i>Charles H Diggs</i> | | | | How related to deceased <i>Step Brother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| Primary | | How long | |
| Immediate <i>Congestion of Lungs</i> | | How long <i>48 hours</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>James G. Ford M.D.</i> | |
| | | Address <i>Reisterstown</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Martin Raymond Smith

CERTIFICATE OF DEATH

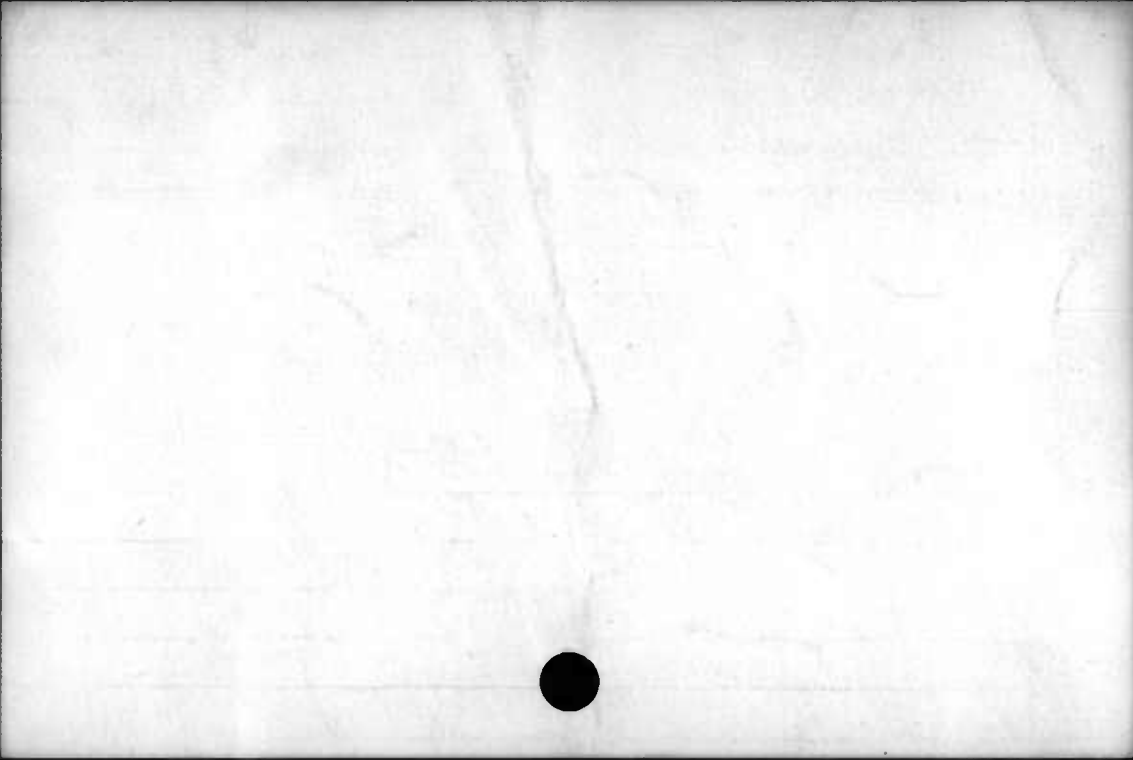
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-------------------------------------------------------|-------------------------------|------------------------------------|----------------------------------------|------------------------------|---------------------------|
| Died at <i>Arlington</i> ^{Town} | | <i>Baltimore</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | <i>April</i> ^{Month} | <i>4th</i> ^{Day} | Age <i>20</i> ^{Years} | <i>3</i> ^{Months} | <i>26</i> ^{Days} |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Baltimore</i> | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>clerk</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Lyons A. Smith</i> | | | Father's Birthplace <i>Baltimore</i> | | |
| Mother's Maiden Name <i>Alma G. Gaddis</i> | | | Mother's Birthplace <i>"</i> | | |
| Name of person giving information <i>A. G. Gaddis</i> | | | How related to deceased <i>Friends</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------|
| Primary <i>Pulmonary Phthisis</i> | How long <i>about one year</i> |
| Immediate <i>"</i> | How long <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>They are</i> | Signature of Physician <i>John Hood</i> |
| | Address <i>608 N. Zimmet St.</i> |
| Accident or Suicide? | |



Ruben Socks

Died at ^{Town} Highlandtown

County Baltimore Co., MARYLAND

Date 189 ¹⁹⁰³ ^{Month} April ^{Day} 19 ^{Age} 73 ^{Y.} 10 ^{M.} - ^{D.} ^{Native of} Russia ^{Occupation} Carpenter
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 7

Husband
of

Father's Name Mand Socks.

Mother's Name Sarah Socks.

Cause of Death { Primary Chronic Bronchitis. 91
 Immediate Heart failure
 How long sick 9 days.
~~Accident, Suicide, Homicide~~

Reported by John Girdwood M.D.

Address 1811 E. Balto St. Baltimore Md.



Name

in
Full

Charles E Standiford 44

CERTIFICATE OF DEATH

Died at ^{Town} Upper Falls^{County} Baltimore

MARYLAND

Date of death 1903 April

Day 19

Age 82

Months 6

Days

Sex Male

Color or Race

White

Birth-place

Maryland

Married, Single or Widowed

Occupation

Cooper

Name of Wife or Husband

Permelia Standiford

Father's Name

Don't know

Father's Birthplace

✓

Mother's Maiden Name

Don't know

Mother's Birthplace

✓

Name of person giving information

Edward Standiford

How related to deceased

Son

CAUSES OF DEATH

Primary

Arteriosclerosis

How long

2 years

Immediate

Paralysis

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

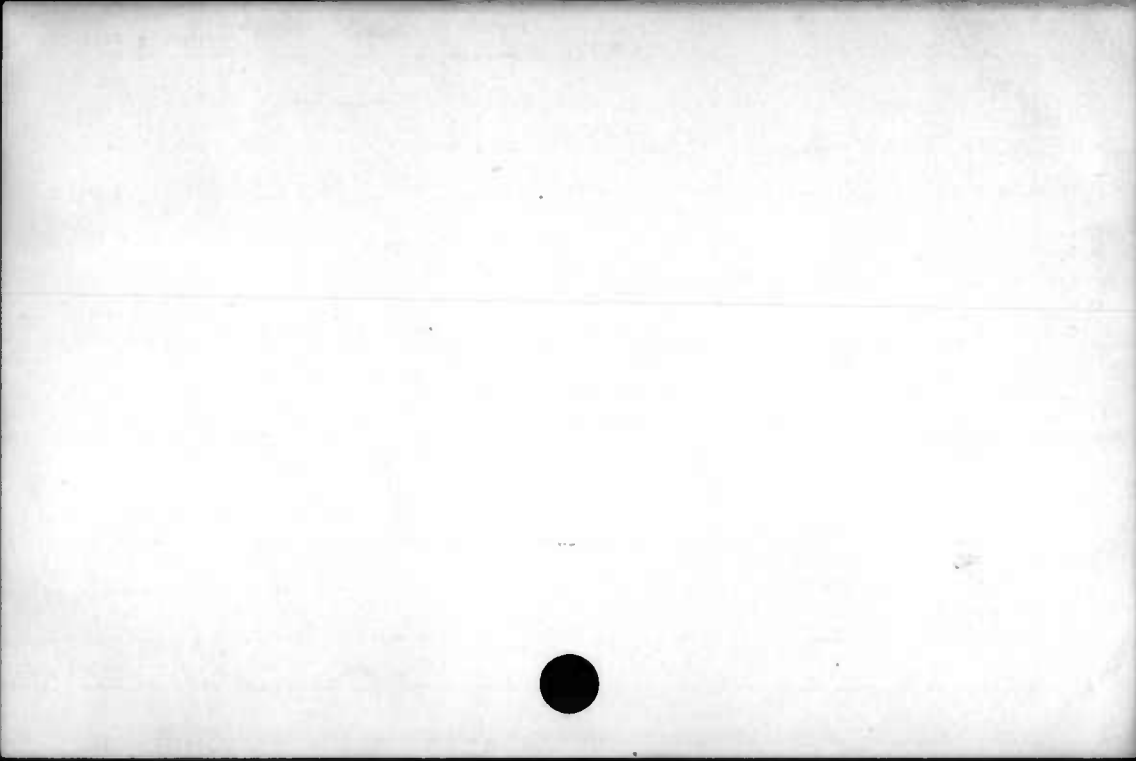
E. M. A. Stolar

Address

Upper Falls

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Martha Harriet Thorneon

Town

County

Died at *Evergreen.**Balto.*

MARYLAND

Date 1903 *April 26.*

Month

Day

Y.

M.

D.

Age *26. 7 26*

Native of

U.S.

Occupation

Seamstress~~Male~~
Female

White

~~Colored~~~~Married~~

Single

Widow

Widower

Divorced

Number of children living

Husband
of _____
WifeFather's
Name

Mother's

Maiden Name

Cause of { Primary *Tuberculosis*Death { Immediate *Aschemia*

How long sick

4 months

Accident, Suicide, Homicide

Reported by *R. H. Thomas M.D.*Address *1718 John St**Balto Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Georgiana Willhelmina Thornton

Died at ^{Uplands} near Baltimore

County

MARYLAND

Date

of death 1903

Month

April

Day

first

Age

Years

58

Months

9

Days

6

Sex

Female

Color or
Race

White

Birth-
place

Philadelphia Pa

Married, Single
or Widowed

Married

Occupation

Name of Wife or
Husband

Benjamin C. Thornton

Father's
Name

William H. Noble

Father's
Birthplace

Louden Co

Mother's
Maiden Name

Leticia Dickinson

Mother's
Birthplace

Philadelphia Va

Name of person giving
In formation

Benjamin C. Thornton

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Left Brniplegia

How long

Six days

Immediate

Coma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Hearwell Thornton

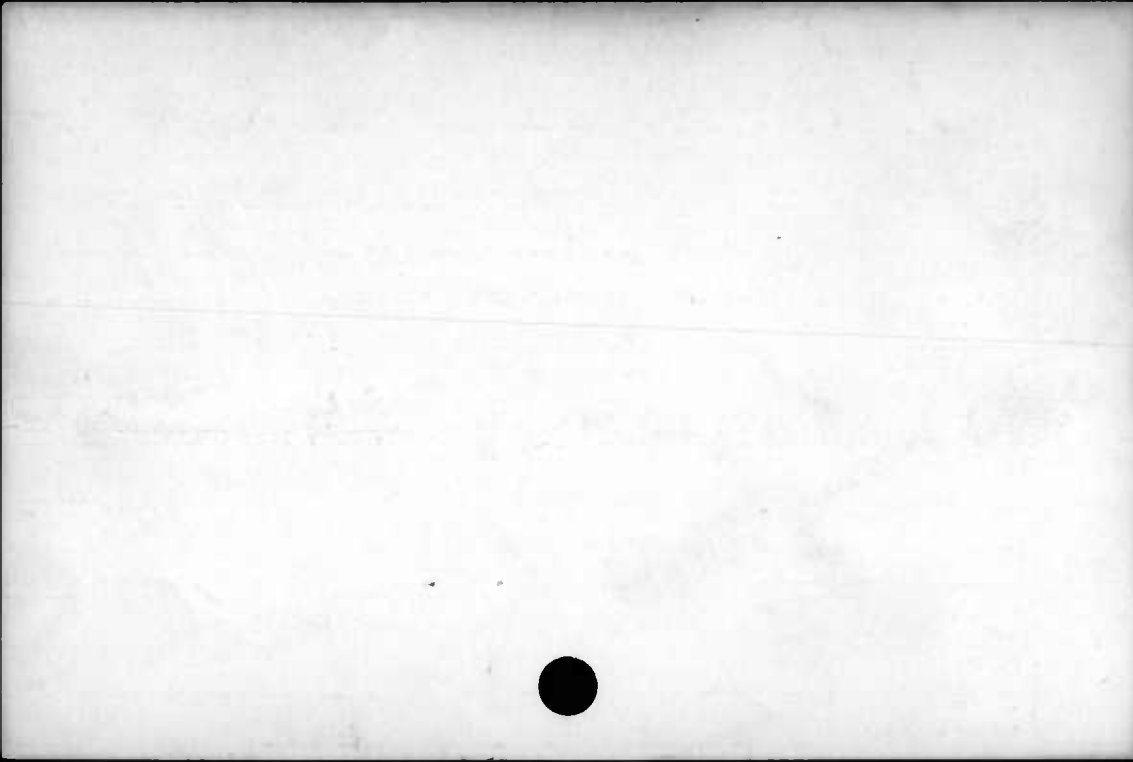
Address

Dukeville

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

126
Lancaster
Mass.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Reisterstown* *Baltimore*Date of death 1903 *April* *12* Age *1* Months *6* Days *12*Sex *Female* Color or Race *white* Birth-place *Baltimore Md*Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *Newton Uhler*Father's Birthplace *Baltimore Md*Mother's Maiden Name *Emma T Allman*Mother's Birthplace *Baltimore Md*Name of person giving information *Newton Uhler*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *Three weeks*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

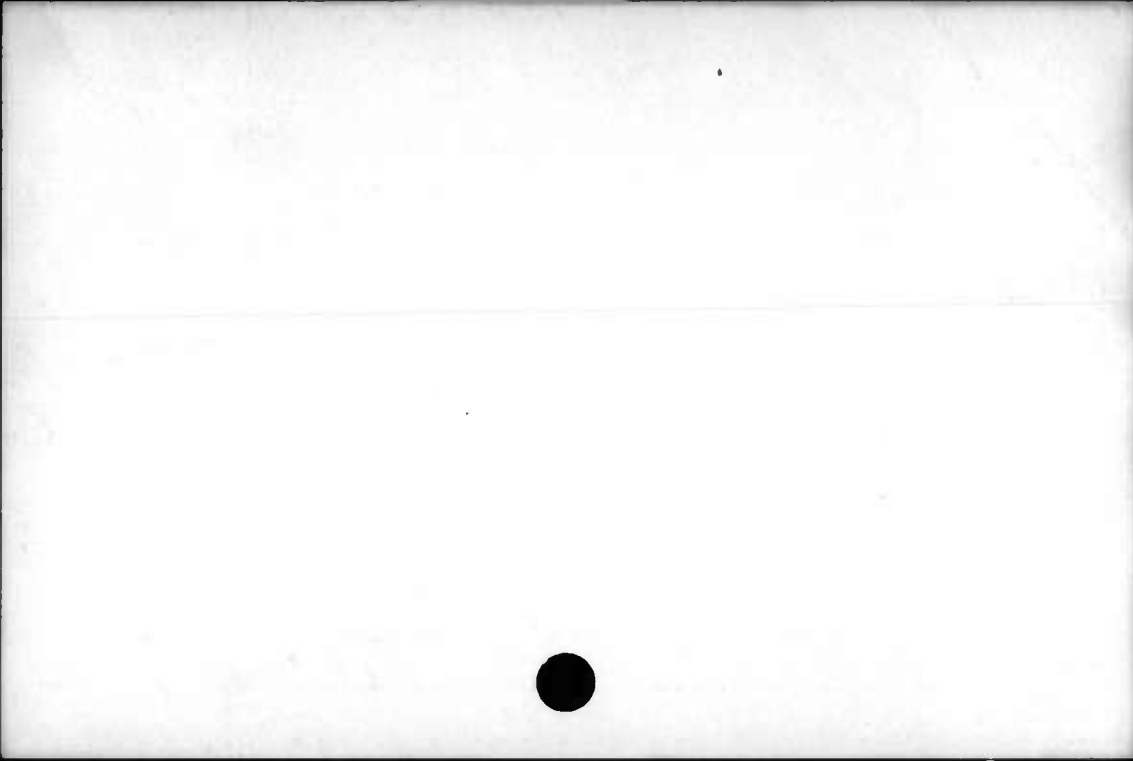
N. M. Seader

Address

Reisterstown Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

John Waller

Town

County

Balto

MARYLAND

Died at

Trenton

Date 1903

Month

Day

2/13

Y.

M.

D.

Age 63

21

Native of

md

Occupation

Blacksmith

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Consumption 27

How long sick

3 mo

~~Accident, Suicide, Homicide~~

Reported by

J. H. Wilson M. D.

Address

Fowlesburg.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *John Walter*

Town *Woodensburg* County *Balt*

Died at *Woodensburg* *Balt* MARYLAND

Date 19 *03* Month *4* Day *25* Y. *52* M. *11* D. *25* Native of *Ind* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Single ☐ Widower ☐ Number of children living *Eight*

Husband of *Clara E. Walter*

Wife of *Clara E. Walter*

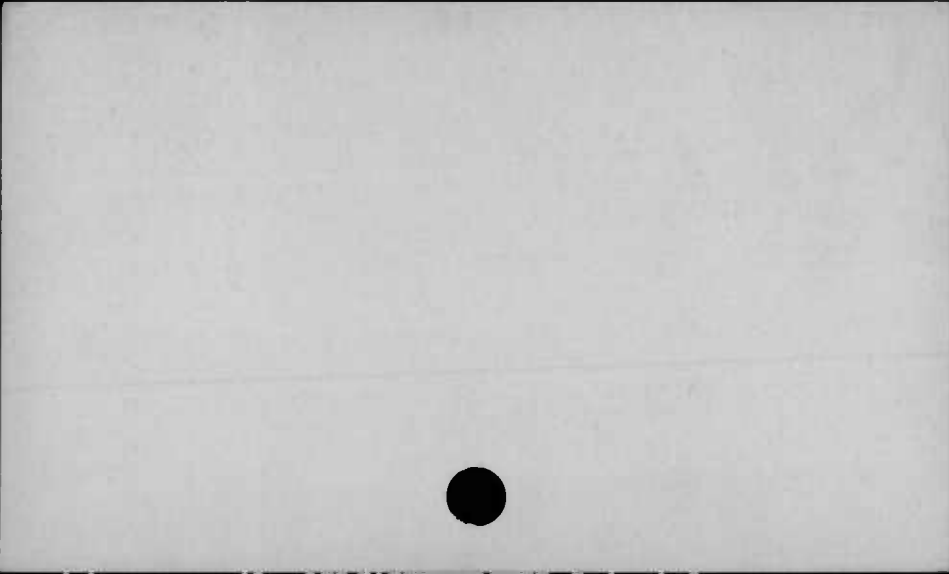
Father's Name *Henry Walter* Mother's Maiden Name

Cause of Death { Primary { Immediate *Heart Disease* } } *79* How long sick *Two years*

Reported by *Jas. H. Wilson M.D.*

Address *Woodensburg Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | |
|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|------------------------------------|--|------------------------------------------------|--|
| Name in Full | | Theodore J. Weloch | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Highlandtown</i> | | County <i>Baltimore</i> | | MARYLAND | |
| | | Date of death 190 <i>3</i> ^{Month} <i>Apr</i> ^{Day} <i>14th</i> | | Age <i>eight</i> ^{Months} | | Days | |
| | | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | |
| | | Married, Single or Widowed <i>single</i> | | Occupation <i>None</i> | | | |
| | | Name of Wife or Husband <i>_____</i> | | | | | |
| PHYSICIAN OR CORONER | | Father's Name <i>John Weloch</i> | | | | Father's Birthplace <i>Maryland</i> | |
| | | Mother's Maiden Name <i>Maggie Connelly</i> | | | | Mother's Birthplace <i>Maryland</i> | |
| | | Name of person giving information <i>John Weloch</i> | | | | How related to deceased <i>Father</i> | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Cerebral Meningitis</i> <i>6</i> | | | | How long <i>6 weeks</i> | |
| | | Immediate <i>Exhaustion</i> | | | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | | | Signature of Physician <i>E. N. Atney M.D.</i> | |
| | | | | | | Address <i>2 Hudson St.</i> | |
| | | Accident or Suicide? <i>_____</i> | | | | | |

Sacred Heart Cemetery

April 15th 1903

Germanus France

Underwater.

Name in Full

Certificate of Death

Thomas Wheeler

Town

County

Died at

Everyman

Salt Co.

MARYLAND

Date 19

03

Month

Day

Apr 28

Age

Y.

M.

D.

83 - -

Native of

Maryland

Occupation

Farmer.

Male

White

Married

Widow

• Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Fether's

Name

Mrs Thomas Wheeler

Wheeler of course

Mother's

Maiden Name

Don't know

Cause of

Primary

Senility

How long sick

4 yrs

Death

Immediate

Exhaustion

154

Accident, Suicide, Homicide

Reported by

Dr Harry C. Hey in

Address

1012 5th Ave

Salt City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79668

A. S. Marshall
3539 Falls Road
to Glynndon - Me &
Apr 30-03 —

Over Church

Name
in
Full

John R White

CERTIFICATE OF DEATH

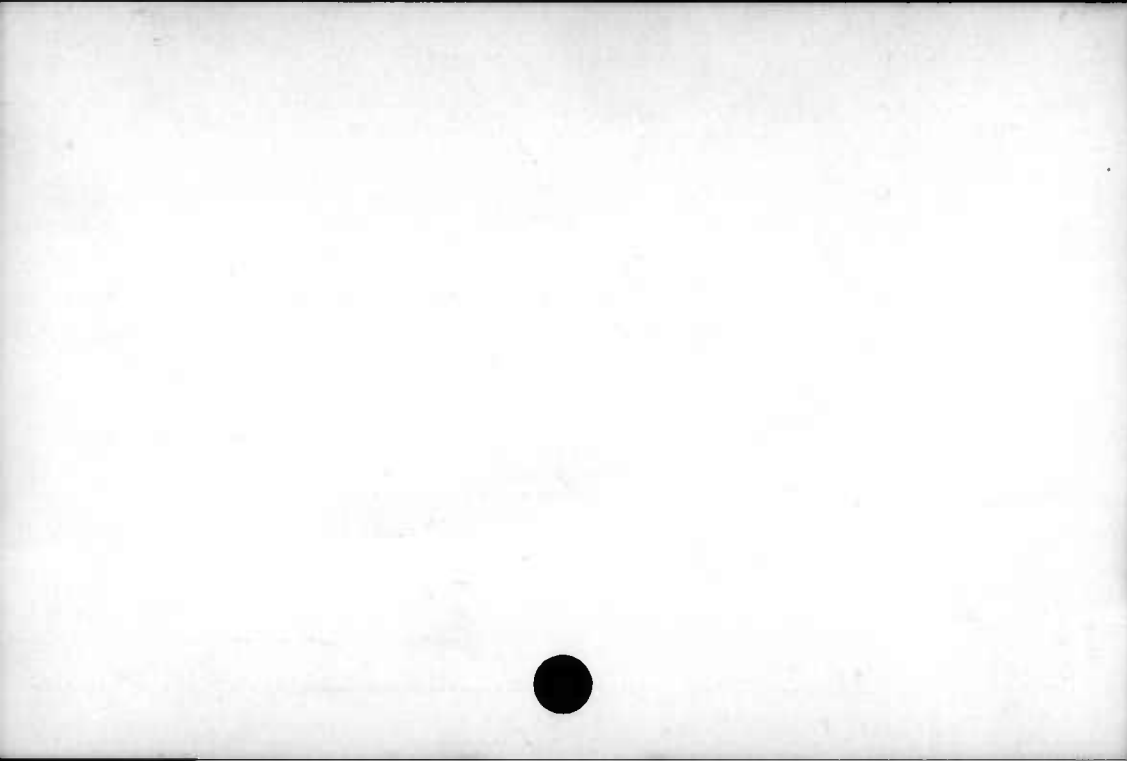
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-------------------------------------------------|---|----------------------------------|------------------|--------------------------------------------|-------|----------------------------|------|
| Died at | | Town <i>Sparrows Point</i> | | County <i>Balto Co.</i> | | MARYLAND | |
| Date of death 190 | 3 | Month <i>Apr</i> | Day <i>13</i> | Age <i>55</i> | Years | Months | Days |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth- place <i>Ellicott City Md</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Machinist</i> | | | | | |
| Name of Wife or Husband <i>Alice</i> | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving Information | | <i>166</i> | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|-------------------------------------------------------------------------|-----------------------------|-----------------|----------------------------------------------------|---------------------|
| Primary | <i>Struck by Locomotive</i> | | How long | <i>35 min after</i> |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | Signature Physician <i>J. P. John G. Ray</i> | |
| | | | Address <i>606 Eastern Ave</i> | |
| Accident or Suicide? | | <i>Accident</i> | <i>Highlandtown Md</i> | |



Name
in
Full

Annah Annis White

CERTIFICATE OF DEATH

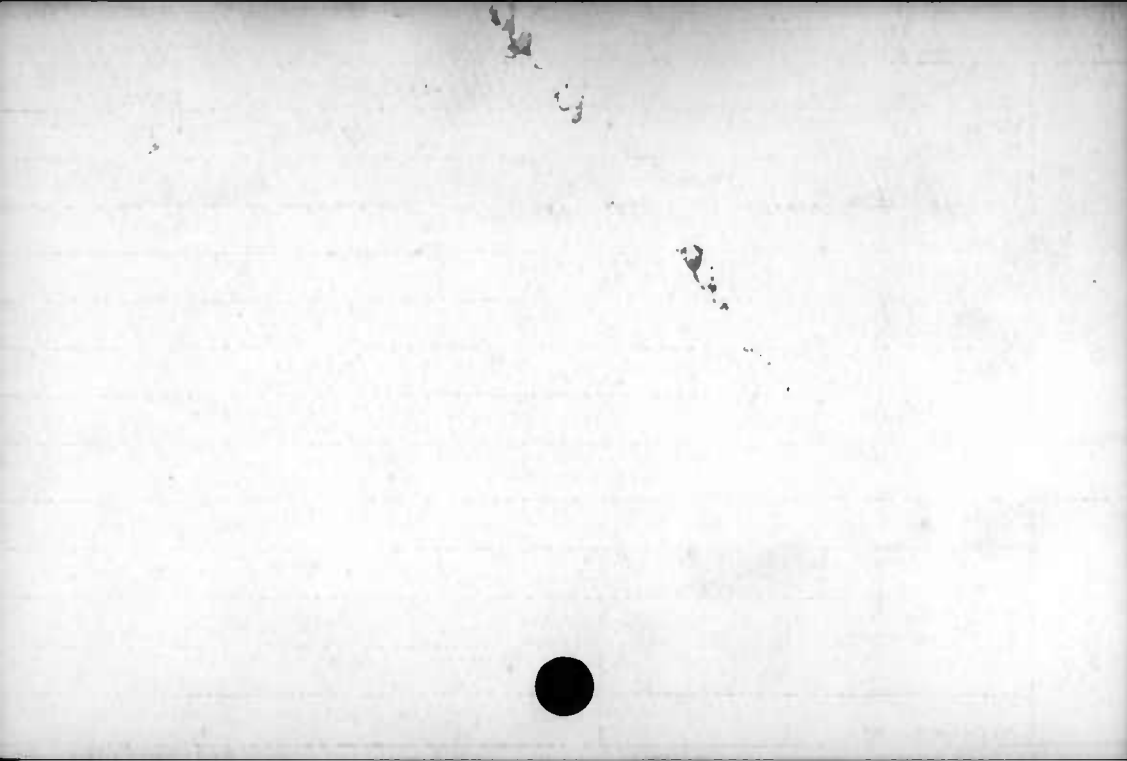
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------------|----------------------------|---------------|----------------------------|-------|-------------------------|------------------|
| Died at | | Town <i>Ann Arbor City</i> | | County <i>Baltimore Co</i> | | STATE <i>MARYLAND</i> | |
| Date of death 190 | <i>3</i> | Month <i>April</i> | Day <i>16</i> | Age <i>48</i> | Years | Months | Days |
| Sex | <i>Female</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Id</i> |
| Married, Single or Widowed | <i>Married</i> | | | Occupation | | | <i>Housewife</i> |
| Name of Wife Husband | <i>Geo. W. Botterill</i> | | | | | | |
| Father's Name | <i>Richard W. White</i> | | | | | Father's Birthplace | <i>Id</i> |
| Mother's Maiden Name | <i>Mary Ann Bowen</i> | | | | | Mother's Birthplace | <i>Id</i> |
| Name of person giving information | <i>Geo. W. Botterill</i> | | | | | How related to deceased | <i>Husband</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|----------------------------------------------------------------------|-------------------------|------------|------------------------|---------------------------|
| Primary | <i>Cancer of Uterus</i> | | How long | <i>One year</i> |
| Immediate | <i>Carcinoma</i> | | How long | <i>4 w</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | Signature of Physician | <i>Dr. W. B. Thompson</i> |
| | | | Address | <i>Ann Arbor City Id</i> |
| Accident or Suicide? | | | | |



Name

in
Full

CERTIFICATE OF DEATH

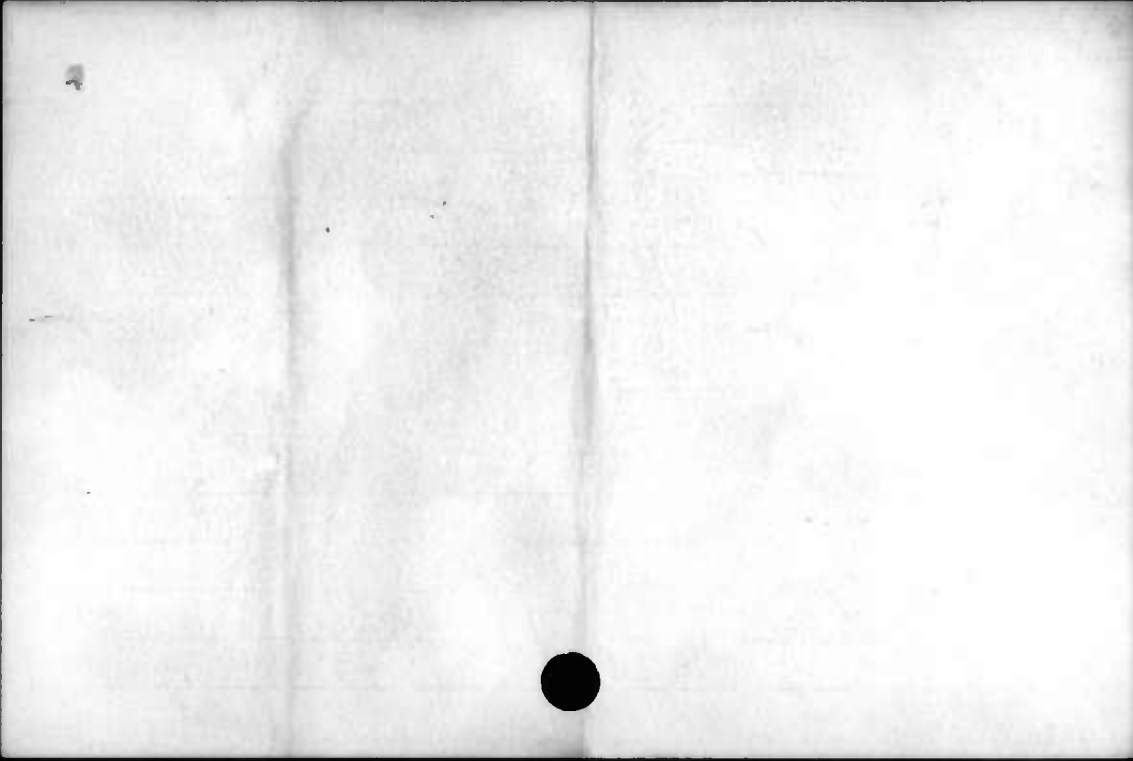
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------|
| Died at <i>Chagers</i> ^{Town} <i>San Antonio</i> ^{County} <i>Balt.</i> | | MARYLAND | |
| Date of death 1903 | Month <i>April</i> | Day <i>21</i> | Age <i>50</i> Years |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Germany</i> | Months _____ Days _____ |
| Married, Single or Widowed <i>Single</i> | Occupation _____ | | |
| Name of Wife or Husband _____ | | | |
| Father's Name _____ | | Father's Birthplace _____ | |
| Mother's Maiden Name _____ | | Mother's Birthplace _____ | |
| Name of person giving information _____ | | How related to deceased _____ | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <i>Alcoholic Mania</i> | How long _____ |
| Immediate <i>Exhaustion</i> | How long _____ |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Frederick W. J.</i> |
| | Address <i>Chagers San Antonio</i> |
| Accidental? _____ Suicide? _____ | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-------------------------------------------------------------------|--|--------------------------------|--|--------------------------------------------|--|--------------------|--|
| Name in Full <i>Mrs N. S. Wright</i> | | Town <i>Pikesville</i> | | County <i>Baltimore</i> | | MARYLAND | |
| Died at <i>Pikesville</i> | | Month <i>4</i> | | Day <i>12</i> | | Years <i>83</i> | |
| Date of death 190 <i>3</i> | | Month <i>4</i> | | Day <i>12</i> | | Age <i>83</i> | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Md.</i> | | Months — | |
| Married, Single or Widowed <i>Widow</i> | | Occupation <i>Housewife</i> | | Days — | | — | |
| Name of Wife or Husband <i>N. S. Wright</i> | | — | | — | | — | |
| Father's Name — | | — | | Father's Birthplace — | | — | |
| Mother's Maiden Name — | | — | | Mother's Birthplace — | | — | |
| Name of person giving information <i>Mrs Elizabeth Scarron</i> | | — | | How related to deceased <i>daughter</i> | | — | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|-------------------------------------------------------------------------------------|--|--------------------------------------------------|--|
| Primary <i>Heart Disease</i> | | How long — | |
| Immediate <i>Cardiac Paralysis</i> | | How long — | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | | Signature of Physician <i>Henry A. Naylor</i> | |
| — | | Address <i>Pikesville</i> | |
| — | | <i>Maryland</i> | |
| Accident or Suicide? — | | — | |

